

camp sos

sunday, july 19th
to friday, july 24th

\$240 for SOS fee, housing, & transportation

(bring cash for 3 fast-food meals, sleeping bag, pillow, clothes, swimsuit (no bikinis), sunblock, towels, & toiletries)

sign up by July 5th

7th* - 12th graders

Have you been to Camp SOS before? Never heard of it? Somewhere in between? Camp SOS 2009 is a week-long missions trip and celebration of the things that God has called us to do. It's a time where students will learn how to love God and love others in very real ways. This year's SOS is packed full of passionate worship and teaching, as well as hands-on outreach projects.

We will be staying in cabins at Oglebay Resort (guys and girls separated) in Wheeling, West Virginia. You can check out their website at www.oglebay-resort.com. Students will need to pack everything needed for a week away (see above for complete list). Parents, should you need to reach your student during SOS contact Jon Bartholomay via his cell phone at 734-730-1687.

Parents, the full payment of \$240 and the attached permission slip are due July 5th. Please make all checks payable to **Vineyard Church of Milan**. If you need financial assistance, please fill out the scholarship application.

If you have questions contact Jon Bartholomay at 734.730.1687.

*Students going into 7th grade in the fall are invited.

meet @ the Youth House after church (11:45 AM) on Sunday, July 19th

We will be driving to Wheeling, West Virginia—about a 5-hour trip. We'll be stopping for lunch and dinner on the way down, and we'll stop for lunch on the way back, so **please bring extra cash**. The Camp SOS week long missions trip is run by the Vineyard Church of Wheeling, WV. Camp SOS offers students an opportunity to engage in worship, various teachings, outreach projects, concerts, and lots of fun activities with other students. **Parents:** we are planning to arrive back at the Vineyard Youth House on Friday at 6 pm.



For more information, visit www.milanvineyard.org/youth

Permission and Medical Release Form Camp SOS 2009

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Home Church: Milan Vineyard

Gender: Male Female Birth Date: ____/____/____ Grade Fall 2009: _____

T-Shirt Size (circle one): XL L M S

I give permission for my above named student to join The Vineyard Churches for Camp SOS from July 19-24, 2009. I release the Wheeling and Milan Vineyard Churches from responsibility and liability for any injury or illness that my child may sustain during this activity. I authorize the Wheeling and Milan Vineyard Church Staffs to act as agents for me, to consent to any emergency medical treatment; and hospital care advised and supervised by a physician, surgeon, or dentist licensed to practice under the law of the state of West Virginia. I expect to be contacted as soon as possible in the case of an emergency.

Parent or Guardian Signature: _____ **Date:** _____

Medical Insurance Company: _____

Policy #: _____ Member's Name: _____

Medication being taken: _____

Allergies, Handicaps, or Limitations: _____

Emergency Contact Numbers:

Name: _____ Telephone# _____ Relationship: _____

Name: _____ Telephone# _____ Relationship: _____

- full \$240 payment enclosed
- scholarship application attached



Scholarship Application for Camp SOS 2009

(to be completed by parent or guardian)

We don't want a lack of funds to keep your child from attending an event. Camp SOS is an incredible experience and we want to do everything we can to make a way for your child to come. Please complete the following application, as this helps give us a fuller awareness of your needs and assists us in being good stewards of our available financial resources. We will make every effort to help you, and most often, we can provide some form of scholarship for your child; however, we are limited in the amount of scholarships we are able to offer. All information provided below is confidential.

Contact Information

Student's Full Name: _____

Parent(s) Name: _____ Phone: _____

School: _____ Grade: _____ Age: _____

Address: _____

City, State, Zip: _____

Email: _____

Scholarship Information

1. Are there any special circumstances in your family that have resulted in your need for financial assistance (loss of job, illnesses, financial burdens, etc.)?

2. How much are you able to pay for this event?
 Half (\$120) Quarter (\$60) Other \$_____

3. Would you be able to make an additional payment(s) after Camp SOS? yes no
If yes, how much? _____ By when? _____

(parent's signature)

(date)

For Office
Use Only:

Date received: _____

Amt paid: _____

Total scholarship: _____

Approval: _____

Total Paid back:

