

Enjoy a day packed with activities including tubing and inside games. Bring your friends for a day of fun in the snow as well as challenges from God's Word with Evangelist Scott Sivnksty. Teens willing to help, call the Office.

What to Bring: You will need snow pants, boots, jackets, gloves, hats, etc. for games outside. *Parents: Please mark your children's clothes.

Registration: Check-in is from 10:00-10:30 am in the Lodge, and the last session ends at 4:00 pm (lunch will be provided). The registration fee is \$12 by January 19. Limited Registration! After Deadline, Contact the Office for Availability (\$3 Late Fee).

Winter Carnival is for children in Kindergarten–6th Grade.

Send in your form with a \$12.00 registration fee by Tuesday, January 19th

Questions?

Please call 715-924-3236 or visit our website at www.campchetek.org

Send registration form and payment to:



Tubing
Snow Activities
Inside Games
Bible Lesson
and More!



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WINTER CARNIVAL REGISTRATION (K-6TH)

NAME:	GRADE		
ADDRESS:		Gender: M	F
CITY:	STATE:	ZIP:	_
PARENT CONTACT PHONE:			
CHURCH:	CITY:		
I understand there are certain risks associated in the event that my child is injured while pa for such injuries to be administered by qual contacted. I understand that personal insuran	irticipating in these activiti ified staff in the event tha	es. I authorize necessary treatm at a parent cannot be immediat	ien [°]
Signature of parent or legal guardian			
Send Form and Payment to Camp	chetek 730 Lake	view Dr. Chetek, WI 54728	3
Notes:			
WINTER CARNIVA	J. REGISTR	ATION (K-6 th)
WINTER CARNIVA		•	-
NAME:		Grade	
		Grade	
NAME:		Grade	F
NAME:ADDRESS:	STATE:	GRADE GENDER: M	F
NAME: ADDRESS: CITY: PARENT CONTACT PHONE:	STATE:	GRADE GENDER: M	F
NAME:ADDRESS:	STATE: CITY:_ d with snow activities and orticipating in these activitied ified staff in the event that	GRADE GENDER: M ZIP: release Camp Chetek from liabiles. I authorize necessary treatment a parent cannot be immediat	F
NAME:	STATE: CITY:_ d with snow activities and orticipating in these activitied ified staff in the event that	GRADE GENDER: M ZIP: release Camp Chetek from liabiles. I authorize necessary treatment a parent cannot be immediat	F
NAME:	STATE: CITY:_ d with snow activities and uticipating in these activiti ified staff in the event that ce will be primary and cam	GRADE GENDER: M ZIP: release Camp Chetek from liabiles. I authorize necessary treatment a parent cannot be immediate in insurance will be secondary.	F

NAME:	Grade	
ADDRESS:		GENDER: M F
CITY:	STATE:	ZIP:
PARENT CONTACT PHONE:		
CHURCH:	CITY:	
I understand there are certain risks associat in the event that my child is injured while p for such injuries to be administered by qu contacted. I understand that personal insura	participating in these activiti alified staff in the event tha	es. I authorize necessary treatment at a parent cannot be immediately
Signature of parent or legal guardian Send Form and Payment to <i>Cam</i>	np Chetek 730 Lake	view Dr. Chetek, WI 54728
Notes:		
WINTER CARNIVA		,
		GRADE

I understand there are certain risks associated with snow activities and release Camp Chetek from liability in the event that my child is injured while participating in these activities. I authorize necessary treatment for such injuries to be administered by qualified staff in the event that a parent cannot be immediately contacted. I understand that personal insurance will be primary and camp insurance will be secondary.

CHURCH:_____CITY:____

Signature of parent or legal quardian

Send Form and Payment to *Camp Chetek* 730 Lakeview Dr. Chetek, WI 54728 Notes: