

6th SUMMER OF CAMP SPIRIT AT GALILEE!



Camp Spirit gives an opportunity for those children whose lives are impacted by the imprisonment of a parent, for a safe place and time to rest, play, enjoy being a child, and grow in understanding of themselves and others. The Galilee experience can bring hope and give your child some measure of strength to better cope with life.

In its sixth year, Camp Spirit gives the campers a chance to relate to others who are in the same situation and find that they are not alone. The program incorporates activities of dealing with feelings, team work, cooperation, and support.

Swimming, hiking, games, skits, crafts, small group discussions, high ropes course, kayaking, and music are activities included in the program.

Adult counselors, who have experience working in prison ministry and with families of prison inmates, will also work with the campers. These counselors have caring attitudes

and are interested in building campers' self esteem and a positive relationship with their families. Galilee Episcopal Camp and Conference Center will provide the site and the program staff.

Camp Spirit: a program for children who have a parent or relative who is currently or has been in prison.

Dates: Monday, July 5 to Saturday, July 10, 2010

Ages: 8 through 11 years.

Cost: FREE. Funding comes from donations and grant money. We encourage a donation of \$50.00 for those families who can afford it.

The mission of Galilee Episcopal Camp and Conference Center is to create a welcoming environment and professionally managed camp and conference center that honors each person and provides a spiritual place for renewal, celebration and learning.

CAMP GALILEE REGISTRATION FORM FOR 2010 CAMP SPIRIT JULY 5 -10

Please use a separate form for each camper.

Please Print

CAMPER: _____ Boy ___ Girl ___

last name _____ first _____ name I like to be called _____
Birth Date ____/____/____ Grade in Fall 2010 _____

APPLICANT: (Parent/Adult) _____
last name _____ first _____ middle initial _____ relationship _____

Mailing Address _____
street or post office box _____ city _____ state _____ zip code _____

(_____) _____
primary contact phone _____ E-mail _____ Religious preference _____ Name of parish _____

Camper Address (if different from above) _____
street _____ city _____ state _____ zip code _____

Summer youth camper T-shirt size: Small ___ Medium ___ Large ___ Extra Large ___ (Child or Adult size?)
Please assign me, if possible, to a cabin with: _____ (one friend only)

MAILING INFORMATION: Mail this application to:

**Kathi Underhill, Camp Spirit Registrar
1800 Sullivan Lane #68 Sparks, NV 89431**