

Registration

Last Name: _____

First Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Home Church: _____

Email: _____

Roommate Request: _____

please see reverse for health history information

Cost of Retreat: \$50.00

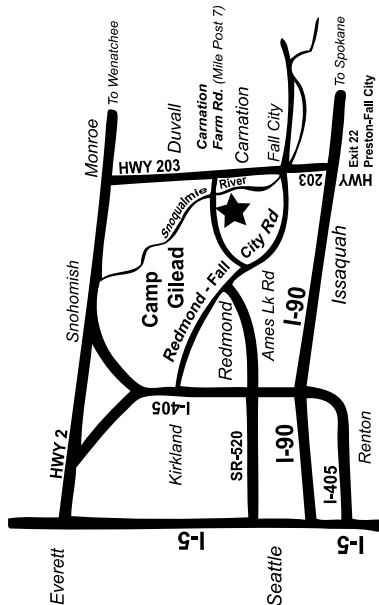
Total Enclosed: _____

Please detach this form and send with payment to:

Camp Gilead - HS Retreat
30919 NE Carnation Fm Road
Carnation WA 98014

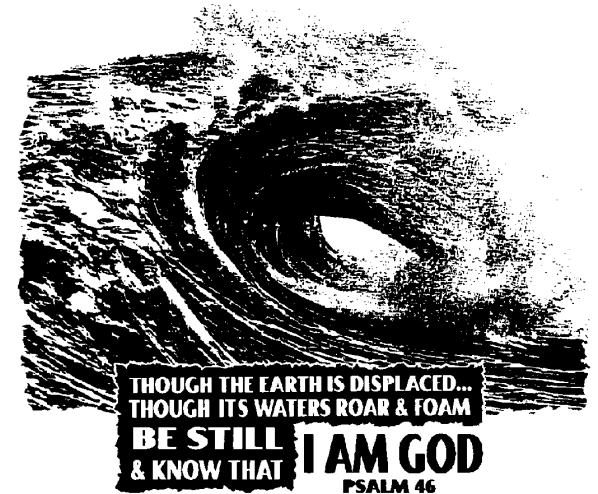


Camp Gilead
30919 NE Carnation Fm Rd
Carnation WA 98014
www.campgilead.org



2010 HIGH SCHOOL RETREAT

April 16 - 17



With speaker

Shane Algard

Youth Pastor
Calvary Chapel - Lake Stevens



www.campgilead.org * 425-333-4311



Retreat Speaker: Shane Algard
Youth Pastor @ Calvary Chapel - Lake Stevens

Hey - I'm Shane & I love Jesus. I love the way He interacted with people when He was on earth in His human body. That inspires me to discipleship. God used strategic people in my life to disciple me since then I have always had a passion for discipleship. One of my favorite areas in ministry is our High School small groups, which we call our Discipleship groups. My wife and I got married in June of 2000. She is my best friend and some of our favorite things to do are camping, off roading in the Jeep and doing home renovations together. We are having a daughter this May!! We are super excited!! We currently live in Snohomish. I graduated from Arlington High School in 1997. Went to work for an Electrical contractor. I became a commercial Journeyman electrician early 2002. In July 2003 I went on an extended mission trip to Siberia Russia and really was inspired to follow the Lord where ever he would go. In Nov 2003 I quit my Job as an electrician and went to work for Calvary Chapel in Lake Stevens as the assistant youth pastor, in 2006 I became the head youth pastor. I am passionate about young people getting a vision for a personal intimate relationship with Jesus.

PLEASE BRING

- *Sleeping bag and pillow
- *Warm clothes*Towel
- *Bible/Pen/Pencil

*Spending \$ - Pops Inn will be open!

Arrival Time:

April 16 - Registration at 5:00 pm
 Dinner at 6:00 pm

Check out Time:

April 17 - Check out at 4:00 pm

Contact Information:

Phone: 425-333-4311

Fax: 425-333-5311

Email:

campgilead@campgilead.org

www.campgilead.org

**Applying for
 2010 High School Staff?**

*This weekend is also our
 High School Staff interview
 weekend.*

*If you have turned in a
 completed application
 before April 13th you will receive
 your interview time in the mail.*

*More information
 regarding Camp
 Gilead's High School
 Summer Staff is
 available at*

www.campgilead.org



Health History

Height: _____ Weight: _____

Date of Birth: _____

Name of Parent/Guardian: _____

Emergency Contact Phone Number: _____

Family Doctor/Pediatrician: _____

Hospital/Clinic: _____

Phone Number of Clinic: _____

Allergies or known health restrictions: _____

Medications taken regularly: _____

Permission to administer over the counter medications (i.e. Tylenol, Advil, Sudafed, etc)
 Yes ___ No _____

Insurance: _____

Policy #: _____

Subscriber Name: _____

Relation to camper: _____

This health form is correct as far as I know and the person herein described has permission to engage in all camp activities except as noted by me and to be photographed and videoed for Camp Gilead promotional use. In case of medical emergency, I hereby give permission to the physician or health care professional selected by the camp director to administer or secure proper emergency treatment and hospitalize as he or she deems necessary. I understand that Camp Gilead only carries secondary insurance for campers, and that I will take primary responsibility for any charges occurring in the event that the camper above should need any medical attention at any clinic, facility or hospital. In the event that a camper is not covered by an insurance policy, Camp Gilead will provide primary coverage.

Parent Signature: _____

Date: _____