

## Come to Camp Wyalusing:

**WHO:** Kids, Completing grades 2-8

**WHEN:** July 7<sup>th</sup> – 12<sup>th</sup>, 2019

**WHERE:** Wyalusing State Park, Indoor Camp (By Prairie du Chien)

**HOW MUCH:** \$125 Camp Fee. A minimum deposit of \$65 is required when you register, which will be refundable until June 15, 2019. The remaining \$60 is due when you arrive at camp.

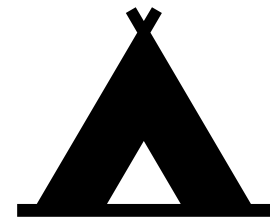
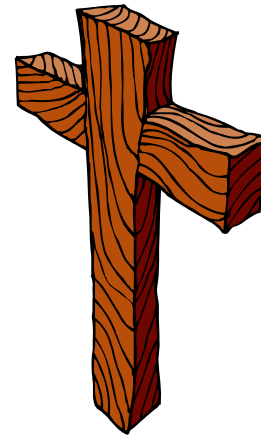
### GENERAL INFO:

- Camp Wyalusing opens at 3:00 p.m. on Sunday, July 7<sup>th</sup>, 2019. Parents can drop campers off at this time if they do not wish to ride the bus.
- Camp closes at 9:00 a.m. on Friday, July 12<sup>th</sup>, 2019. Parents are welcome to pick up campers, but they must be picked up by 9:00 a.m.
- An e-mail acknowledging your registration will be sent upon receipt of your application, followed by a health form in June. No physical exam is required.
- Apply ASAP. Applications are accepted in the order they are received.
- A school bus is used to travel to different activities, as well as to transport campers to and from Eastside in Madison and Lakeside in Lake Mills.
- Contact Pastor Paul Vander Galien, Secretary, with any application questions at [campwyalusing@gmail.com](mailto:campwyalusing@gmail.com). Phone: 715 384-8304
- Other questions? Please contact: Danny Hafenstein (New Director!) 920-728-0856 [daniel.hafenstein@gmail.com](mailto:daniel.hafenstein@gmail.com)
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### **A TYPICAL DAY AT CAMP**

7:00	Wake up
7:30	Flag raising, Breakfast, Devotion
8:30	Cabin Clean Up
9:00	Bible study
9:45	Canteen
10:15	Nature, Drama, Sports, Crafts
12:00	Lunch
1:30	Afternoon activities
5:45	Supper
7:00	Evening activities
8:15	Canteen, Drama
8:45	Campfire, Sing along, Devotion
9:45	Prepare for bed
10:30	Lights out

# CAMP WYALUSING 2019



## **CAMP WYALUSING'S PURPOSE**

Our camp seeks to offer you a week of fun activities, Bible study, worship and fellowship in a Christian atmosphere. A week at Camp Wyalusing includes devotions, Bible studies, swimming, crafts, drama and other activities.

A dedicated staff of WELS volunteers, including adults and teens 16 years and older, will direct the program under the leadership of the Camp Director, Danny Hafenstein.

**Camp Wyalusing 2019 Application**

Camper Name \_\_\_\_\_

Transportation is provided from Lakeside Lutheran (Lake Mills) and from Eastside Lutheran (Madison). Please indicate if transportation is needed by **checking** the appropriate line and **circling** your planned location:

- \_\_\_\_\_ To Camp (**Lakeside / Eastside**)
- \_\_\_\_\_ From Camp (**Lakeside / Eastside**)
- \_\_\_\_\_ No transportation needed

Your child will receive a camp T-shirt. Please circle the correct size below.

- |              |        |             |
|--------------|--------|-------------|
| <b>Child</b> | Medium | Large       |
| <b>Adult</b> | Small  | Medium      |
| <b>Adult</b> | Large  | Extra Large |
| <b>Other</b> | _____  |             |

***Parental/guardian consent and waiver of responsibility:***  
*I understand that there are inherent risks involved in activities which are beyond Camp Wyalusing’s control, and I agree to personally assume such risks. I release from any liability, on behalf of the enrolled camper named on this application form, the volunteer staff and counselors of Camp Wyalusing and the church that sponsors it, and they will not be held responsible for any injury, accident or loss of property. Camp staff may also post group camp pictures, including my child(ren), on a secure social media platform.*

*I have read the above and consent to the terms as stated:*

Parent/Guardian’s signature \_\_\_\_\_

Date \_\_\_\_\_

Please make checks payable to CAMP WYALUSING. Mail this form and your deposit to:

Pastor Paul Vander Galien  
 121512 Oxbo Rd  
 Stratford, WI 54484

Age at Camp \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_

Grade Completed \_\_\_\_\_ Home Church \_\_\_\_\_

Choice of Cabin Mate(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Alternate Address (If needed) \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

E-mail address for confirmation \_\_\_\_\_

Mother’s Name \_\_\_\_\_

Mother’s Phone Number(s) \_\_\_\_\_

Father’s Name \_\_\_\_\_

Father’s Phone Number(s) \_\_\_\_\_

Special Dietary/Medical Concerns \_\_\_\_\_

Comments \_\_\_\_\_

\*Please check which format you would like to receive your acceptance letter and health form below:

\_\_\_\_\_ Email      \_\_\_\_\_ Postal Mail