



IT'S TIME FOR
2011-12



RECHARGES!



SWEET
WORSHIP!

CONNECT WITH
FRIENDS!



GREAT
GAMES!

Recharges are weekend youth retreats PACKED with fun, fellowship, and growing in faith. Come discover the great God we serve, learn more about the Bible, and have a blast with others at camp. See you soon!

FALL
2011

CENTERPOINT Hebrews 12:2

To Register, complete the form on the reverse side and send it in.

Many of us have different compartments for different parts of our lives. We have one for friends, one for school, one for work, one for family, and one for God. The thing is, God isn't just confined to one part of our lives. Rather, He desires to be the center of our lives and encompass EVERY part of who we are. We are encouraged to "fix our eyes on Jesus" in Hebrews 12:2. Together we'll have a great time as we discover how Christ is the CENTERPOINT!

Bring To Camp:

- Bible
- Clothes
- Pajamas
- Towel/Washcloth
- Flashlight
- Sleeping bag (or twin sheets)
- Toiletries
- Optional Canteen \$



Leave At Home:

- Jewelry
- Expensive Clothes
- iPod / MP3 Players
- CD Players
- Video Games
- Food & Pop
- Candy
- Skateboards
- Pets

Mountain DO Matt. 7:24 SPRING 2012

The longest recorded sermon Jesus taught is found in Matthew and is called the "Sermon on the Mount." In this action-packed, energy-filled recharge we're going to dig in to all of the great teachings from this sermon, emphasizing the Lord's Prayer along the way. We're also going to look at Jesus' caution to not only listen to these teachings from the MOUNTAIN, but to DO them. Anticipate a fun, biblical weekend with real challenges for our everyday lives.



Arrive & Register: Fri. 8:00-9:30pm
Depart: Sunday, 12:30pm

www.okobojo.org registrar@okobojo.org 1-800-OKOBOJO

2011-12 Recharge Registration Form

Deposits of \$30 must accompany registration forms. **Deposits are non-refundable.**
 Send completed forms to 1203 Inwan St. Milford, IA 51351 Call 1.800.656.2654 or email registrar@okoboji.org with questions.

Name: _____ Birth date ____ / ____ / ____ Age: _____ Grade: _____ M / F
 Address: _____ City: _____ ST: _____ Zip: _____
 Parent Name: _____ Phone: (____) _____ Work Phone: (____) _____
 Cell Phone: (____) _____ Emergency Contact: _____ Phone: (____) _____
 Home Church & City: _____ E-Mail _____

Check the box next to the weekend you wish to attend	
Fall 2011 Recharges	Spring 2012 Recharges
<input type="checkbox"/> Oct. 21-23 4th-6th Grade	<input type="checkbox"/> Mar. 30-Apr. 1 6th-12th Grade
<input type="checkbox"/> Oct. 28-30 6th-12th Grade	<input type="checkbox"/> Apr. 13-15 6th-12th Grade
<input type="checkbox"/> Nov. 4-6 6th-9th Grade	<input type="checkbox"/> Apr. 20-22 6th-9th Grade
<input type="checkbox"/> Nov. 11-13 6th-9th Grade	<input type="checkbox"/> Apr. 27-29 4th-6th Grade
<input type="checkbox"/> Nov. 18-20 9th-12th Grade	

OFFICE USE ONLY	
Date Rcv'd _____	
Check # _____	CC
Amt \$ _____	
Staff Sign-off: _____	

Recharge Rate: \$69 per camper

If this is your first time coming to a recharge, we welcome you with a special rate of \$64.

A non-refundable deposit of \$30 is required.

Payment Information

- Check for full payment is enclosed
- Please bill my credit card for the full payment
- Credit card number _____ Expiration Date _____
- Name as it appears on the card _____ Billing address of card _____
- My deposit only is enclosed
- Please bill my credit card for the \$30 deposit (complete credit card info above)
- I will pay the balance upon arrival
- Please bill my church below for balance

Church Name _____ City, State _____

For the Parent or Guardian: I give my permission for this child to participate in the Recharge and agree to provide the camp in advance the information concerning any physical or dietary restrictions and/or limitations. I hereby give permission to the medical personnel selected by the camp to secure and administer necessary medical treatment in case of an emergency. I also grant permission for photos taken of my child to be used in camp publications.

Signature _____

Printed Name _____ **Date** ____ / ____ / ____



The following information is required for your child's safe participation at camp.

Height: _____ Weight: _____ Are immunizations current? Y / N
 Date of last tetanus shot: _____

ALLERGIES: (please list specific allergies under the following categories)
 Environmental _____
 Medication (penicillin, etc.) _____

Food: _____
 Other: _____
 Please list any past medical treatment: _____

Chronic or recurring illness or medical condition that may affect camp life: _____

Dietary restrictions : _____

Medications—Please list names and dosages or attach separate detailed list: _____

All medicine MUST be brought in original container.

May acetaminophen/ibuprofen be administered as needed? Y / N

INSURANCE INFORMATION:

Insurance Co. _____
 Policy # _____
 Company Address & Phone #: _____

Policy Holder's Name _____
 Family Doctor _____
 Dr. Phone# _____

HISTORY: (Check and give approximate dates of items if known)

- frequent ear infections
- heart defect/disease
- convulsions
- diabetes
- bleeding disorders
- hypertension
- mononucleosis
- chicken pox
- measles
- German measles
- mumps
- hay fever
- ivy poisoning, etc.
- insect stings
- penicillin
- asthma
- other drugs

TO ALL ADULTS!!!!

We believe that your involvement with the youth is so important that we want you to join them for the whole weekend for just \$30! Plus, for every 10 kids who come from one church one adult sponsor can come for FREE! Pastors and Youth Directors are also invited to come with your kids at no cost. Hope to see you there!!

We look forward to having you at the Recharge!!

For more information, please visit www.okoboji.org or call 1-800-656-2654