



*A Place Where Friends, Fun,  
and Faith are Found*

Dear Youth Leader,

Attached you will find your Camper/Parent e-registration forms packet. You will find all the e-forms that you will need to make the Camp Jabez experience safe and enjoyable for all concerned. Please make as many copies as you will need for your group. **Staple forms** for each child together.

Please note the **General Guidelines and Required Youth Manifest**. It is extremely important that you have completed the Youth Manifest by the time of your arrival on the first day of camp.

We look forward to seeing you soon.

By His grace,

Ken Clarkston, Director, Gospel Mission Ministries

Gerry Grimson, Director, Camp Jabez

Debbie Lewis, Equine Director, Camp Jabez

KENNETH P. CLARKSTON  
Chaplain, Executive Director

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# Summer Camp at Camp Jabez

## General Guidelines

- **Limit of 25** campers per week
- **No changes in campers** once started
- Drop off camper forms at our main office or mail to Gospel Mission, PO Box 1141, Dayton OH, 45401  
Forms must be received **10 days before your week of camp.**
- Youth with special **medical considerations** must be approved in advance
- **Lunch, water and snacks** will be provided
- Age range is **8 to 14 years of age**
- **One adult** from your organization **must** be present for duration of **each camp day**
- The cost for each camper is \$200 for the week. We are constantly working to subsidize this cost. We can only suggest seeking grants, work projects, etc. in order to raise funds. A 20% non-refundable deposit is required upon registration for each camper. **Balance upon arrival first day of camp.**
- **It is very important that the following manifest be totally completed before arrival.** If it is not completed...it will slow down the check-in process greatly. Be sure the information is accurate.

In God's will and time we are sure that you will be proud to be part of the Camp Jabez ministry.

# Summer Camp Youth Manifest

Group: \_\_\_\_\_ Leader \_\_\_\_\_

First date of camp: \_\_\_\_\_

	LAST	FIRST	Emergency Phone #	Photo Y/N	Forms	Medical	Adult/Youth T-Shirt Size
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____	_____	_____

Completed by \_\_\_\_\_ Phone \_\_\_\_\_