


Big Sky Bible Camp
Est. 1947
501 McCaffery Rd.
Bigfork, MT 59911
406-837-4864
www.bigskybiblecamp.org

NON-PROFIT ORG.
U.S. POSTAGE PAID
BIGFORK, MT
PERMIT #219

Senior High Getaway 2012!

Register online at www.bigskybiblecamp.org/winterretreats

YOUTH GROUPS ARE WELCOME! CALL FOR MORE DETAILS.



SUMMER 2012

BSBC is gearing up for one of the best summer's yet! Check out www.bigskybiblecamp.org to see the summer schedule, register and check out the many programs like Wilderness Trips, Day Camp and more! If you're interested in serving on staff at Big Sky, check out the L.I.T. (Leader in Training) and Assistant Counselor opportunities!

Directions

BSBC is located at 501 McCaffery Rd. Bigfork, MT. Camp is 5 miles north of Bigfork and 16 miles southeast of Kalispell. McCaffery Rd is located at mile #36 on Hwy. 35. Follow McCaffery 1.5 miles, turn left at the Big Sky Bible Camp sign!

Big Sky Bible Camp * 501 McCaffery Rd * Bigfork * MT * 59911 * P. 406.837.4864 * F. 406.837.2382

Register online at www.bigskybiblecamp.org!

Big Sky Bible Camp

announces

WINTER RETREATS

2012

Senior High getaway **JANUARY 6-8**

(Grades 9-12)

+

Junior High snow camp **JANUARY 27-29**

(Grades 6-8)

Each weekend is \$35 per camper*,
register online at www.bigskybiblecamp.org

*LIT workers attend free.

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Registration for Big Sky winter retreats 2012

Camper's First Name: _____ Last Name: _____ Which camp? Senior High Junior High

Cabin Mate (Please limit to one friend): _____ Church (if you have one): _____

Birthdate: ___/___/___ Grade: _____ Parent/Guardian: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: (____) _____ Cell: (____) _____ Parent E-mail: _____

How did you hear about Big Sky? _____ Camper E-mail: _____

Alternate emergency contacts should the parent/guardian be unavailable:

1) Name: _____ Phone (____) _____

2) Name: _____ Phone (____) _____

Physician's Name: _____ Physicians Phone: (____) _____

Medical Insurance Co: _____ Policy Number: _____

Are all Immunizations up to date? Yes No If no, please specify: _____

Date of last Tetanus booster: ___/___/___ Operations or Serious Injuries (including dates): _____

Allergies Include: _____

List of all Medications and Instructions (including Doctor's Diagnosis - why the meds were prescribed): _____

Parent Authorization (This must be completed for attendance.)

* I grant Big Sky Bible Camp permission to use camp photographs and or video of my child for camp promotion and publicity.

* I understand that Big Sky Bible Camp only carries secondary insurance for campers and that I will take primary responsibility for any charges occurring in the event that the camper named above should need any medical attention at any clinic, facility or hospital.

* The undersigned, intending to be bound hereby, realizing it is the camp's desire to give each camper a safe and beneficial stay, and realizing each camper is covered by a reputable insurance plan, releases forever Big Sky Bible Camp and all individuals associated therewith, from any and all liability for any injury or damage (including all claims and liability for damage resulting from injuries received from bee or hornet stings and any other insect bites) which may be sustained by the undersigned and/or child of undersigned or property of the same at or in transit to or from any camp conducted activity or under the auspices of Big Sky Bible Camp.

* I hereby give permission for the release of pertinent medical information regarding my child to all appropriate Big Sky Bible Camp staff.

* IN CASE OF EMERGENCY, I hereby give permission to the medical staff selected by the camp to hospitalize, secure proper treatment for and to order injection or surgery for my child as name above.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____

**Cost for Retreat is \$35 - Checks may be
addressed to Big Sky Bible Camp.**