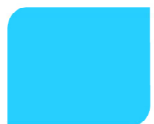


Camp Code

1 0 N Y 1 5



GROUP Week of Hope

Return this completed form to Group by:

6 / 1 1 / 2 0 1 0

Camper Information Form

N e w a r k , N Y

Please use a blue or black pen to complete this form.

If you are an adult (21 years or older) a completed Verification of Background Check form is required as well.

Youth Leader's first name

Youth Leader's last name

Participant first name

Participant last name

Address

**Grade entering
(Fall of 2010)**

- 6th 11th
- 7th 12th
- 8th College
- 9th N/A
- 10th

City

State

Zip

Phone number

Birthdate (MMDDYY)

Gender

 M
 F

Age

Email address

Criminal History:

- Violence against another person resulting in a felony conviction within the last 10 years Yes No
- Sexual crimes involving children, youth or adults resulting in a conviction Yes No
- Use or distribution, of illicit drugs or controlled substances in the last 10 years Yes No
- Property crime resulting in conviction in the last 10 years Yes No

If you marked yes for any, please explain below

Number of Group camps attended:

- First time Attended one camp Attended two camps Attended three camps Attended four or more camps

Please complete the other side of this form, all campers must sign the release agreement.



3 7 2 7 2 2 2 1 0 3 3 8 4

Camp Code

1 0 N Y 1 5



Return this completed form to Group by:

6 / 1 1 / 2 0 1 0

Site Transportation Form

N e w a r k , N Y

Please use a blue or black pen to complete this form.

Youth Leader's first name

Youth Leader's last name

[Grid for Youth Leader's first name]

[Grid for Youth Leader's last name]

Church name

[Grid for Church name]

Church address

[Grid for Church address]

City

State

Zip

[Grid for City, State, and Zip]

Cell phone number during camp

[Grid for Cell phone number]

All groups are required to supply transportation to the sites for the number of participants in their group.

Your vehicle(s) will be used to transport crews to and from sites during the entire camp duration. The best vehicles for this purpose are vans, small buses, station wagons, and cars that hold six or more people.

If you bring a charter bus, RV or customized van, you must supply adequate transportation to the sites for the number of participants you bring.

If you arrive at the camp by air, you will be required to rent vehicles to provide transportation during the camp week.

All drivers must be at least 21 years of age and covered fully by auto insurance.

If you are attending a Workcamp please list the adults with the lowest construction skills as the primary drivers.

Remember to consider whether seats will be removed and adjust your capacity accordingly. Cars, vans and buses must not exceed the passenger load. All passengers must have a seat belt; seat belt laws are to be observed at all times. (Buses are exempt from the seat belt count, as they are not required by law.)

Vehicle #1

Form box for Vehicle #1 details including Driver's name, license number, insurance, and vehicle type/capacity.

Room for additional vehicles on the back. Signature required on back of form.



8 727222 105314

Vehicle #2

Driver's first name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Driver's last name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Vehicle type <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Van	Vehicle capacity <input type="checkbox"/> <input type="checkbox"/>
Auto insurance provider: _____	Driver's license number: _____ Auto insurance policy number: _____

Vehicle #3

Driver's first name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Driver's last name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Vehicle type <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Van	Vehicle capacity <input type="checkbox"/> <input type="checkbox"/>
Auto insurance provider: _____	Driver's license number: _____ Auto insurance policy number: _____

Vehicle #4

Driver's first name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Driver's last name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Vehicle type <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Van	Vehicle capacity <input type="checkbox"/> <input type="checkbox"/>
Auto insurance provider: _____	Driver's license number: _____ Auto insurance policy number: _____

Vehicle #5

Driver's first name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Driver's last name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Vehicle type <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Van	Vehicle capacity <input type="checkbox"/> <input type="checkbox"/>
Auto insurance provider: _____	Driver's license number: _____ Auto insurance policy number: _____

Vehicle #6

Driver's first name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Driver's last name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Vehicle type <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Van	Vehicle capacity <input type="checkbox"/> <input type="checkbox"/>
Auto insurance provider: _____	Driver's license number: _____ Auto insurance policy number: _____

I certify that these vehicles have enough seatbelts for the number of people we are bringing (buses excepted) and will be available to transport crews during the entire camp week.

Signature of youth leader



Your Camp Information

Theme "Undeserved - The Story of the Prodigal Son."

Newark, NY Week of Hope

10NY15

Lodging Facility

Newark High School
625 Peirson Ave
Newark, NY 14513

Directions to Lodging Facility

From I 90 Exit at # 43, Palmyra, Manchester
Turn Left (north) on 21, go approximately 7 miles to 31
Turn Right (east) on 31, go approximately 7 miles
Turn Right on Filkins Road, go 1-2 miles
Turn Left on Woodlane .7 miles then left on Pierson .2 miles to
High School

Camp Arrival and Departure

Camp Begins: Sunday, July 11, 2010
Arrival Time: 3:00 to 4:00 pm
The adult meeting starts at 4:30pm, dinner
begins at 5:30pm.

Camp Ends: Friday, July 16, 2010
Departure Time: Please plan for departure at approximately
9:00am on Friday.

Camp Voice Mailbox

1-800-385-4545 Ext. 7940

The above number is a voice mailbox that serves multiple camps.

If you have a change in your registration number a day or two
prior to camp, or if an unexpected situation is causing you to
arrive after the scheduled registration times, please call the camp
voice mailbox number listed above to report it.

Camp Specific Note

Volunteers may get to visit resident homes to help elderly
members of various churches. Some may volunteer at the ABC-
Child Development Center, landscape projects and assisted living
centers. Don't forget to bring your canned food donations! Food
donations will be distributed to various food shelters.

About the Community

Weather Information:

To find the weather for your camp go to
<http://www.weather.com/>

For information on what to do in Newark, contact:

Newark, New York Chamber of Commerce (315) 331-2705

For information on what to do in New York, contact:

<http://www.co.wayne.ny.us/>
Wayne County Office of Tourism
9 Pearl St., PO Box 131
Lyons, NY 14489
800-527-6510

Background and Culture

The village was originally called "Miller's Basin," after the person
who built that section of the Erie Canal. The company famous for
its roses, Jackson & Perkins was founded in 1872 by Charles
Perkins in the Village of Newark

Local Hospital Information

Newark-Wayne Community Hospital
1250 Driving Park Ave,
(315) 332-2022