

MAYFIELD JR. GRANGE CAMP

Who: Ages 9-14

When: July 14th - 20th, 2024

Where: Mayfield Lake Youth Camp

394 Winston Creek Road, Mossyrock, WA 98564

What: The daily activities of Grange camp are designed to help kids enjoy the experience of camping, make lifelong friends and to learn about the Grange family and above all, to HAVE FUN!!



Why Jr Grange Camp? There is always something to do at Jr. Grange Camp. The daily program includes wholesome activities, healthy exercise and a fun camping experience. The camper will learn about the grange and make many new friends. Throughout the day they will be encouraged to become leaders and have fun. It is not necessary for the camper or their parents to be members of the Grange, but if you are not a member, we encourage you to talk to one of the camp staff about learning more about this family organization.

IMPORTANT THINGS TO KNOW

- **Registration Fee:** \$350 per Camper. Checks Payable to Mayfield Jr. Grange Camp
Bring a friend for a \$25 discount (max \$50)
- **Registrar/ Camp Director:** Jennifer & Marvin Oliver (253) 906-6078 jenandmarv@yahoo.com
3307 128th Street East, Tacoma, WA. 98446
- **Arrival Time:** Sunday, July 14th 1-3 p.m. (No check in prior to 1 p.m.)
- **Checkout Time:** Saturday, July 20th at 10 a.m. (***) Please be on time as we are charged a late checkout fee. We reserve the right to charge a minimum of \$50 per camper checked out after 10 a.m.)

WHAT TO BRING: Please mark all items with your name. Items left behind will be donated to charity if not claimed

- Camp Medical Permission Form
- Changes of clothes for the week, including plenty of socks and undergarments. Your new school clothes are not appropriate for camp; old play clothes are best
- At least two pairs of shoes. No open-toed shoes are allowed. Flip flops or water socks ok for shower only. Remember we play hard and we want to protect your feet
- Ideas for program and skits, such as musical instruments, entertainment, costumes, etc.
- Jacket, sweater, or sweatshirt. Nights get cold even in summer.
- Towels for showers and water activities
- Soap, shampoo, toothbrush, toothpaste
- Sleeping bag, blankets, and pillow
- flashlight and batteries
- Insect repellent labeled please
- Appropriate bathing suit.

WHAT NOT TO BRING:

- No 2 piece bikinis.
- No alcohol, drugs, or tobacco.
- No food, snacks, pop. Etc.
- No headphones or speakers
- No money needed.
- No fireworks, laser pointers, or weapons of any kind.
- Absolutely no electronic devices, phones ok for Pictures only. * **Camp Mayfield is not responsible for lost or stolen items***



MAYFIELD JR. GRANGE CAMP 2024 REGISTRATION

REGISTRATION & MEDICAL FORM MUST BE COMPLETED BY PARENT OR GAURDIAN

If registering multiple campers, please complete one form per camper

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REGISTRATION SECTION

CAMPER'S FULL NAME: _____

GENDER: _____

BIRTHDATE: _____ **AGE:** _____

MAILING ADDRESS: _____

EMERGENCY PHONE #: _____ **2ND PHONE #:** _____

ADULT WHO WILL PICK THE CHILD UP: _____

RELATIONSHIP TO CHILD: _____ **CELL PHONE #:** _____

REGISTRATION FEE: (SELECT ALL APPLICABLE)

- Enclosed is a check for \$350, mailed Camp Registrar. Make Checks payable to Mayfield Jr. Grange Camp
- I am bringing #1 friend _____ (Friend's Full Name) for a \$25 Discount**
- I am bringing #2 friend _____ (Friend's Full Name) for a \$25 Discount**

**Discount will not be applied until the friend's registration is received, complete with payment.

I WOULD LIKE TO BE IN A CABIN WITH: _____

SPONSORING GRANGE OR GRANGE MEMBER (If Known)

NAME: _____ **COUNTY:** _____

PARENT OR GARDIAN SIGNATURE: _____ **DATE:** _____

MEDICAL PERMISSION SECTION

INSURANCE CARRIER: _____ **POLICY#** _____ **GROUP#** _____

DATE OF LAST TETNUS SHOT: _____

ALLERGIES: _____

HEALTH RESTRICTIONS: _____

DIETARY RESTRICTIONS: _____

PROBLEMS WE SHOULD BE AWARE OF: _____

FAMILY DOCTOR: _____ **PHONE #:** _____

I agree not to hold the WA State Grange or Camp Staff or Directors responsible for an losses or accidents at camp or en-route to and from camp. this is to certify that the bearer of this form has permission to authorize emergency medical care by attending physicians or others he or she may choose in the event of accidental injury, ingestion, or illness. I give the camp permission to take y child to the doctor or hospital for emergency medical treatment, should it be needed.

PARENT OR GARDIAN SIGNATURE: _____ **DATE:** _____