

Wilderness Camp
Finding Strength in the Wilderness
for Middle School & High School
(6th -12th grade)
September 29–October 1, 2017



During Wilderness Camp, campers will look to the Gospels and reflect on Jesus in the Wilderness and how it relates to us. Campers will also experience building shelter, campfires, cooking in Dutch ovens, building long lasting relationships and growing in faith.

Cost: \$215 per camper. Cost includes the canteen fee.

Tentative Schedule:

Friday

5:00–6:00 p.m.	Registration/Check-In (Retreat Center)
6:00 p.m.	Dinner
7:00 p.m.	Energizers, Mix & Mingle and Evening Devotional
8:00p.m.	Recreation and Snacks
10:30 p.m.	In Cabins
11:30 p.m.	Lights out

Saturday

9:00 a.m.	Breakfast
10:00 a.m.	Morning Prayer and Devotional
10:30 a.m.	Living in the Wilderness
12:30 p.m.	Lunch
1:30 p.m.	FOB
2:30 pm	Canteen
3:00 p.m.	Living in the Wilderness
6:00 p.m.	Dinner
7:00 p.m.	Energizers, Music and Evening Devotional
8:00 p.m.	Mission Project, Recreation and Smore's
10:30 p.m.	In Cabins
11:30 p.m.	Lights Out

Sunday

9:00 a.m.	Breakfast
10:00 a.m.	Pack up & clean cabins
10:45 a.m.	Group Photo
11:00 a.m.	Worship
12:45 p.m.	Depart

Registration

To register your child for Wilderness Camp, a completed registration form and a non-refundable deposit of \$100 must be received on or postmarked by September 22, 2017 and mailed to:

Camp Pee Dee Retreat Center
1201 Camp Pee Dee Road
Bennettsville, S.C. 29512

Please make checks payable to:

The Presbytery of New Harmony

Please note:

The full amount is due on the day of arrival.

Scholarships

Camp Pee Dee Retreat Center offers a limited number of scholarships.

Questions:

Please contact Kelly at (843) 479-3051 with any questions or if you need additional information.

What to Pack:

Bible	Sleeping bag or twin sheets	Blanket
Pillow	Towel/wash cloth	Walking shoes
Flashlight	Bath soap & toiletries	Comfy clothes

Registration Form

Name: _____

Preferred Name on Name Tag: _____

Gender: _____ School Grade: _____

Date of Birth: _____

Address: _____

Parent/Guardian: _____

Address: _____

Day Phone: _____ Cell Phone: _____

Email: _____

Church (if any): _____

Cost: \$ 215 Church Gift: \$ _____

Non-refundable Deposit: \$ _____

Total Amount Due on Day of Arrival: \$ _____

Roommate Request (1): _____

Roommate Request (2): _____

Special Needs or Dietary Needs: _____

