

Unshaken 2020



Come experience VBS style Camp Shishewana as our 9 summer staff lead ages 6-11 in worship, recreation, crafts, and Biblical truth! Adult volunteers will also be present from New Paris First Brethren Church.



FIRST CLASS
USPS POSTAGE
PAID
SHIP SHEWANA, IN
PERMIT NO. 6

RETURN SERVICE REQUESTED



9095 W 275 N
Shipshewana, IN, 46565
www.brethrenretreat.org

CAMP SHISHEWANA **UNSHAKEN**



HEBREWS 12:28

Sunnyside Park
Pavilion
| July 20 - 22 |
8:30 - 11:30 am

*"Therefore, since we are receiving a Kingdom that cannot be shaken, let us be thankful, and so worship God acceptably with reverence and awe"
Hebrews 12:28*



Day Camp Schedule

Day 1

GET TO KNOW YOU
/WORSHIP
CRAFT
RECREATION
BIBLE TRUTHS
CAMPFIRE
WORSHIP/DEPART



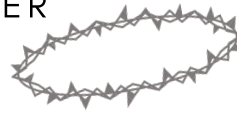
Day 2

REFLECTIONS
/WORSHIP
CRAFT
RECREATION
BIBLE TRUTHS
CAMPFIRE
WORSHIP/DEPART



Day 3

REFLECTIONS
/WORSHIP
CRAFT
RECREATION
(DRESS FOR WATER
GAMES!)
BIBLE TRUTHS
CAMPFIRE
WORSHIP/DEPART



Remember!
Bring friends, your Bible,
and smile. We ask that
parents stay in the
vehicle as your camper is
dropped off and picked
up as part of our Covid-
19 protocols. We're
excited to see you there!



In response to Covid-19, the Brethren staff at Shipshewana Lake will implement CDC recommended precautions and value safety above all else. If you or your child have experienced a temperature of 100.3 or greater, loss of taste, loss of smell, cough, or body aches within the past 14 days we emphasize that you and your child stay home. Prescreening including temperatures and questionnaires are required before each day camp session.

2020 Registration Form 2020

Name: _____ Address: _____ City: _____
 State: _____ Zip: _____ Sex: M F Age: _____ DOB: ____/____/____ Grade: _____ Facebook: Y N
 Email: _____ Phone: _____ Cell Phone: _____
 Text Messages: Y N Parent/Guardian: _____ Church: _____
 Pastor: _____ Friend Request: _____

In signing this document, I hereby certify that the written information is accurate and give permission for the use of photography and video of my child to be used in camp publicity; for the release of medical records in case of illness or injury and for the camper named herein to engage in all day camp activities, except as noted by me or an attending physician. I also give permission to the physician selected by the Brethren Retreat to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. Covid procedures in accordance with CDC and ISDH recommendations will be implemented, risk of Covid-19 infection still exists.

Parent/Guardian Signature: _____
 Date: _____ Emergency Contact: _____ Phone: _____
 Relationship: _____ Medications: _____
 Behaviors: _____ Specific Restrictions (activity or dietary): _____

