

FOR THE SPIRIT GOD GAVE US DOES  
NOT MAKE US TIMID, BUT GIVES US  
*power, love and self-discipline.*

2 TIMOTHY 1:7

**FEARLESS**  
**GOD**  
**LOVE**

Kid's Fall Camp

October 11-13

August 23, 2019

Dear Pastor and/or Children's Ministry Leader,

We are so excited about this year's Children's Fall Retreat at Camp Overton. A flyer for the event as well as registration forms for Campers and Counselors are included in this email. We would love to have kids from your church join others from all over the state for a weekend of fun and faith! Check-in for the retreat will open at 5:00 on Friday night. (Registration will be in the Dining Hall). Dinner will be served at 6:00 pm and the opening assembly will take place at 7:00 pm. (If your group will not be there in time for dinner or the opening assembly, please let us know when to expect you, so that we can plan accordingly.)

Saturday will feature morning rotations after breakfast, activities and games before and after lunch, and an evening assembly after dinner. Then on Sunday morning, we will have breakfast followed by a worship service. Our goal is for everyone to pack up, clean up and leave Camp Overton by 12:00 (Central Time Zone). If you would like to be a part of the Fall Retreat, please help us by promoting the event as soon as possible. Also, please be sure to return registration forms and the pre-registration deposit of \$10.00 by September 20th. Failure to do so may result in not receiving a camp t-shirt. Our hope is that each church would be able to send one counselor for every 5 campers.

We are asking each C.I.T. and Counselors to pay \$20.00 to help cover their meals and t-shirts. This will allow us to keep student costs at \$60.00. Counselors and /or C.I.T. applications also need to be returned by September 20th. (Note: Background checks may be required. These are done through our State Office). 1 check should be made out to CAMP OVERTON YOUTH for the deposit and the rest of the money should be in one check and brought on the 1st day of Fall retreat. The deposit needs to be mailed to Misty Ford 1483 Bunker Hill Road Pulaski, TN 38478-7341 // Mail Registration forms to Libbie Collum @ Grace Place Church 4316 Central Pike Hermitage, TN 37076.

Fall Retreat has grown in popularity and is a great time for kids to renew summer friendships. If you need additional information, please feel free to contact me. We are looking forward to a great weekend and hope you'll be a part of the Children's Fall Retreat! Registration forms are included in this email.

I am sooo excited for Fall Camp. If you have any questions, please don't hesitate to call or text me.

Libbie Collum

[libsanurse@gmail.com](mailto:libsanurse@gmail.com) - 615-584-3770

## Camp Overton Children's Fall Retreat Registration Form

October 11-13, 2019 Director: Libbie Collum

Attendee Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: male/female Home/Cell#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

HomeChurch&Pastor: \_\_\_\_\_

T-Shirt Size (circle one): Youth: M L XL Adult: S M L XL 2XL 3XL

Please indicate any allergies, physical weaknesses, or precautions relating to your camper that the Director or their Assigned Counselor should know; \_\_\_\_\_

Immunizations up to date: YES/NO \_\_\_\_\_

**Parents Permission: I give my permission for the child listed above to attend Camp Overton and to participate in all activities thereof during the listed dates (including being photographed). I also grant power of attorney, in case of a medical emergency, to the Director, their Designee, or other authorized Personnel to seek medical treatment for the above listed child with the same authority as myself as Parent or Guardian. I further authorize the appropriate physician and/or hospital to administer emergency treatment when deemed necessary. (You will be notified as soon as possible should any incident occur.) Further, in consideration of the services performed by Camp Overton and the Director, Counselors/Workers, and other employees and agents of Camp Overton are herewith released from liability for all actions taken in good faith during the trip.**

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

OtherContact(name/number/relationship) \_\_\_\_\_

Insurance Information (include company, policy #, and insured names): **We Must Have This!**  
**(can also attach a copy)**

Application and \$10.00 deposit are due by September 20, 2019. (Balance of \$50.00 due at or before check-in October 13th.) \$10.00 late fee will be charged if not received by September 22, 2019. Children's Fall retreat %  
Grace Place Church 4316 Central Pike Hermitage, TN 37076 MAKE CHECKS PAYABLE TO: CAMP  
OVERTON YOUTH(Please include one check for all counselors/campers that are attending)

**2019 Camp Overton C.I.T. Application Children's Fall Retreat**

**October 11-13 ,2019**

**Application Due: September 20      \$20.00**

Requirements: A born again Christian ages 16-20 Active member of a Church of God congregation Experience working with children in a church setting

Name \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Social Security # \_\_\_/\_\_\_/\_\_\_/ (if over 18) Age: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Home Church/Pastor \_\_\_\_\_

Have you ever been accused or convicted of any crime, which constitutes a felony, or any crime relating to alcohol, drugs, or sexual offenses? \_\_\_\_\_ I approve of a background check being done on me. o Yes o No (if over 18)

Please read the following statement carefully, sign in the place provided, and give to your home pastor for further completion: As a potential counselor at Camp Overton Children's Fall Retreat, I am committed to the values of the Church of God and the expectations of the Camp Overton Youth Camp Committee. I am committed to practicing the qualities of leadership, teamwork, servanthood, exemplary behavior, and the building of healthy relationships as outlined in the Counselor's Job Description. I will recognize the authority of the Retreat Director and Committee Representatives and submit to their leadership. I also agree to attend any required Counselor training session and/or meetings which are held during the Fall Retreat.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**T-Shirt Size (circle one): Adult- Small Medium Large X-Large 2X-Large 3X**

***Cost: \$20- This will help cover your T-shirt and meals.***

**Questions: Libbie Collum 615-584-3770 or email [libsanurse@gmail.com](mailto:libsanurse@gmail.com)**

Pastor's Recommendation (this section must be completed in order to work in any position at Camp Overton Youth Camps or Fall Retreat):

"I am well acquainted with the individual listed above and recommend them as counselor/worker to work with children.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**2019 Camp Overton Counselor/Worker Application Children's Fall Retreat  
October 11-13, 2019**

Requirements: 1. A born again Christian age 21 or older 2. Active member of a Church of God congregation 3. Experience working with children in a church setting

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Social Security # \_\_\_/\_\_\_/\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_

Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Home Church/Pastor \_\_\_\_\_

Please list gifts & skills \_\_\_\_\_

Have you ever been accused or convicted of any crime, which constitutes a felony, or any crime relating to alcohol, drug, or sexual offenses? \_\_\_\_\_ I approve of a background check being done on me.  Yes  No

Please read the following statement carefully, sign in the place provided, and give to your home pastor for further completion: As a potential counselor at Camp Overton Children's Fall Retreat, I am committed to the values of the Church of God and the expectations of the Camp Overton Youth Camp Committee. I am committed to practicing the qualities of leadership, teamwork, servanthood, exemplary behavior, and the building of healthy relationships as outlined in the Counselor's Job Description. I will recognize the authority of the Retreat Director and Committee Representatives and submit to their leadership. I also agree to attend any required Counselor training session and/or meetings which are held during the Fall Retreat.

Signature \_\_\_\_\_ Date \_\_\_\_\_

T-Shirt Size (circle one): Adult- Small Medium Large X-Large 2X-Large 3X

**Cost: \$20- This will help cover your T-shirt and meals.**

This section must be completed by your pastor, who will then mail the application to the following address post marked no later than September 20, 2019.

**Questions: Libbie 615-584-3770 or email to [libsanurse@gmail.com](mailto:libsanurse@gmail.com)**

Pastor's Recommendation (this section must be completed in order to work in any position at Camp Overton Youth Camps or Fall Retreat):

"I am well acquainted with the individual listed above and recommend them as a counselor/worker to work with children at the Children's Fall Retreat."

Signature \_\_\_\_\_ Date \_\_\_\_\_