

28th Annual Family Camp ~ September 23-24, 2017

For those (and their families/friends) with intellectual and/or physical disabilities

Join us for
a fun-filled,
weekend retreat
at Lake Williamson
Christian Center
17280 Lakeside Drive
Carlinville, IL 62626
www.lakewilliamson.org

Fun & relaxation for the whole family!

**Handicapped accessible facility
and activities, including:**

**Parables & Prayer
Crafts
Miniature Golf
Singing
Games
Square Dancing
Swimming
Hay Rides**

*Check in begins at 10:15am on
Saturday, Sept. 23. Sunday Eucharist
will be celebrated; with departure at
noon on Sunday, Sept. 24.*



Registration is due August 1, 2017

Fees will increase by \$5.00 per person
after August 1.

*Camp fee includes handicapped
accessible motel room, three meals,
and all camp activities.*

\$88 Per Adult

\$50 Per Child (ages 6-17)

FREE for Children 5 and Under

**\$10 Per Day + Meal Cost
for Daily Drive-Ins**

*Registration forms are available at
www.sheff.org
or by contacting Elaine Vonderheide,*

Camp Facilitator, at:

1204 S. 4th St.

Effingham, IL 62401

217.342.2718

email mewv23@consolidated.net



**Fun, Faith,
Games,
Family Support,
& Much More!**

*All photos used
with permission
from Family Camp
attendees.*



Family Camp is made possible through the support of our local
Knights of Columbus Councils, The Diocese of Springfield, IL,
and Sacred Heart Parish. Thank you!

Sacred Heart
CATHOLIC PARISH

FAMILY CAMP/RENEWAL DAYS

September 23-24, 2017

Lake Williamson Christian Center

Carlinville, IL

REGISTRATION FORM

(Early Bird, Due by August 1, 2017)

FAMILY NAME _____

(Or)

NAME OF GROUP HOME _____

<u>First name</u>	<u>Sex (m) (f)</u>	<u>Birth date</u>	<u>Age</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

ADDRESS _____

CITY/ZIP _____ PHONE _____

I hereby give permission to secure emergency medical and surgical treatment for all individuals listed above while attending Family Camp, September 23-24, 2017 at Lake Williamson Christian Center, Carlinville, IL.

Parent/Guardian

Date

ATTENTION GROUP HOMES: This must be signed by a parent or guardian, unless the participant is their own guardian.

ATTENTION GROUP HOMES: Please list any special individual needs and/or medications and dosage on the backside of this sheet or attach their meds list to this form.

(Over)

SPECIAL NEEDS AND/OR MEDICATION/DOSAGE

NAME _____

NAME _____

NAME _____

PLEASE LIST ALLERGIES INCLUDING FOOD AND MEDICINE

NAME _____ ALLERGY _____

NAME _____ ALLERGY _____

AUTHORIZATION FOR PICTURES

I hereby give my permission for pictures to be taken on the weekend of September 23-24, 2017 for sharing with friends or used for publication.

Signature of parent/guardian

Date

FEEES

Are you financially in need of a sponsor? _____

Amount of fees enclosed _____

Please return completed forms by Aug. 1, 2017 to:

Elaine Vonderheide
1204 S. 4th Street
Effingham, IL 62401
217-342-2718