

# 30<sup>th</sup> Annual Family Camp ~ September 21-22, 2019

*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](http://www.lakewilliamson.org)

**Fun & relaxation for the whole family!  
Handicapped-accessible facility and activities,  
including:**

**Parables & Prayer  
Crafts  
Hay Rides  
Singing**

**Archery  
Square Dancing  
Swimming  
Miniature Golf**



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

**Registration is due August 1, 2019**

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

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

**\$89 Per Adult**

**\$50 Per Child (ages 6-17)**

**FREE for Children 5 and Under**

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



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



*Check in begins at 10:15am on Saturday, Sept. 21.  
Sunday Eucharist will be celebrated; with departure at  
noon on Sunday, Sept. 22.*

*Registration forms are available at [www.sheff.org](http://www.sheff.org)  
or by contacting Elaine Vonderheide, Camp Facilitator, at:  
1204 S. 4th St., Effingham, IL 62401*

*Phone 217.342.2718 or email [mewv1995@gmail.com](mailto:mewv1995@gmail.com)  
with questions or concerns.*

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 21-22, 2019**

Lake Williamson Christian Center

Carlinville, IL

REGISTRATION FORM

***(Early Bird Registrants will receive a FREE T-SHIRT if form is returned by July 20, 2019)***

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 \_\_\_\_\_

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***I hereby give permission to secure emergency medical and surgical treatment for all individuals listed above while attending Family Camp, September 21-22, 2019 at Lake Williamson Christian Center, Carlinville, IL.***

\_\_\_\_\_  
***Signature of 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.

**SPECIAL NEEDS AND/OR MEDICATION/DOSAGE**

NAME \_\_\_\_\_

\_\_\_\_\_

NAME \_\_\_\_\_

\_\_\_\_\_

NAME \_\_\_\_\_

\_\_\_\_\_

**PLEASE LIST ALLERGIES INCLUDING FOOD AND MEDICINE**

NAME \_\_\_\_\_ ALLERGY \_\_\_\_\_

NAME \_\_\_\_\_ ALLERGY \_\_\_\_\_

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**AUTHORIZATION FOR PICTURES**

***I hereby give my permission for pictures to be taken on the weekend of September 21-22, 2019 for sharing with friends or used for publication.***

\_\_\_\_\_

***Signature of parent/guardian***

\_\_\_\_\_

***Date***

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**FEES**

Are you financially in need of a sponsor? \_\_\_\_\_

Amount of fees enclosed: \_\_\_\_\_

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**Please return completed forms by July 20, 2019, if you wish to receive a free “Family Camp 30 Year Celebration” commemorative T-Shirt.**

***Mail to: Elaine Vonderheide  
1204 S. 4<sup>th</sup> Street  
Effingham, IL 62401***

**Phone 217-342-2718 with questions.**