

Camp Phillip Inc. congregational membership form

Camp Phillip provides relaxation in creation and renewal in Christ to WELS youth, adults, families, churches and schools throughout the year.

To carry out that mission we offer:

- Summer youth camps for over 1000 youth in grades K-2, 2-4, 3-5, 6-8 and 9-12 including sessions for developmentally disabled
- Specialty camps for grades 6-8 in archery, basketball, cheerleading, cross country running, disc golf, fishing, guitar, horseback riding, music and drama, outdoor adventure, photography (digital), sign language, survival skills and volleyball
- Leadership training for paid summer staff, adult and high school volunteers
- Family camps including single parent family camps and grandparent/grandchild camps
- Family Fest (a weekend music festival)
- Weekend retreats for teens, women and singles
- Sunday morning worship services
- Assistance for your retreat in Bible studies, sing-alongs, supervision on the high and low ropes course, cooperative games and campfires
- Year-round facilities and services that include campsites, cabins for sleeping, meeting areas, picnic shelter, food service or kitchen facilities
- Adventure programming that emphasizes teamwork, goal setting and communication
- Environmental education
- Off-site summer congregational day camps and other year-round programs

Our congregation would like to apply for membership in Camp Phillip Inc. In doing so, we acknowledge the following statements to be true:

- We wholeheartedly agree with the mission of Camp Phillip.
- We agree to promote the camp to the members of our congregation.
- We will give our members an opportunity to support the camp.
- We understand that two male members of the congregation who are over the age of 18 are to be named as delegates to the annual meeting.
- We understand that our members will receive a 10% discount on all camp programs.

Name of congregation _____

Mailing address _____

City _____ State _____ Zip + 4 _____

Pastor's signature _____ Date _____

Congregational chairman's signature _____ Date _____

Delegate # 1 name _____

Delegate # 1 address _____

Delegate # 1 e-mail address _____

Delegate # 2 name _____

Delegate # 2 address _____

Delegate # 2 e-mail address _____

Please send to: Camp Phillip W9944 Buttercup Ave Wautoma, WI 54982-7032