

**M.A.D. CAMP IS BACK  
FOR AN INCREDIBLE  
WEEK OF FUN WITH  
MUSIC, ART & DRAMA.**

**A trained teaching staff will  
develop the artfulness in  
each child as they learn new  
skills and enjoy each other.**

**Don't miss out!**

**There will also be games  
and snacks, and a daily  
lunch will be provided.**

**Southminster Presbyterian  
Church  
12250 SW Denney Rd.  
Beaverton, OR 97008  
503-644-2073  
staff@southmin.org**

The Beaverton School District does not sponsor  
or endorse the activities and/or information in  
community flyers.

Southminster Presbyterian Church  
12250 SW Denney Road  
Beaverton, OR 97008



**M.A.D. Camp  
2014**

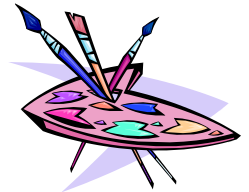


**June 23-27**



**Musica/Music**

**Arte/Art**



**Drama/ Teatro**

**Ages 6-10 (grades 1-5)**



When: June 23-27, 2014

Daily: 9:00am-12:30pm (lunch included)



ages 6-10 (grades 1-5)



Cost \$25 per child (scholarships available)

Space limited - register by June 3

### M.A.D. Camp

For grades 1-5 (ages 6-10)

June 23-27, 2014 from 9am to 12:30pm (lunch included)

Fee \$25 per child - One form per child

Scholarships available - please call church office

Student's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Current age \_\_\_\_\_ DOB \_\_\_\_\_ School Child attends \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Student living with \_\_\_\_\_

In case of emergency: \_\_\_\_\_ Phone \_\_\_\_\_

contact \_\_\_\_\_

Emergency Medical release form:  
 I, \_\_\_\_\_ grant permission to Southminster Presbyterian Church to obtain any necessary medical assistance needed in case of accident or injury or medical emergency during M.A.D. Camp June 23-27, 2014. I understand that every effort will be made to contact me in case of an emergency.

Signature \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Child's allergies/chronic illness/other medical conditions \_\_\_\_\_

Authorization for dismissal  
 \_\_\_\_\_ I will be picking my child up daily from Camp.  
 \_\_\_\_\_ The following have my permission to pick-up my child \_\_\_\_\_  
 \_\_\_\_\_ I do not want the following people to pick up my child. \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_