

- Games
- Paddle Boating
- Swimming
- Kayaking
- Music
- Crafts
- Hiking
- Food
- Crazy Cool Counselors

Beulahland
Christian Camp



Box 35
22473 Abbey Rd
Elgin IA

Summer Fun is here!

Beulahland is a Christian camping facility established in 2001, located among the hills of Northeast Iowa. The camp's sole purpose is to help regular people discover the awesome love of Christ.



Summer Camp 2019

Camp Dates

Camp 1: June 23-27, Grades 3-5

Camp 2: July 7-11, Grades 6-8

Camp 3: July 14-18, Grades 9-12

Camp 4: July 21-25, Grades 4-7

For questions regarding the camp or registration, please call:
Keith Hanson 563.419.1164

www.beulahlandbiblecamp.org



Beulahland Christian Camp Registration Form

Circle Camp Attending: Week #1 #2 #3 #4

Grade completed in 2019: _____

Full Name: _____

Nickname: _____

Address: _____

City, State, Zip: _____

Age: _____ Birth Date: _____ Sex: M F

T-shirt Size: _____

Name of Parent or Guardian child lives with:

Father's Full Name: _____

Primary Phone: _____

Work Phone: _____

Primary Email: _____

Mother's Full Name: _____

Primary Phone: _____

Work Phone: _____

Primary Email: _____

Emergency Contact (other than parent, if camper is a foster child, use case worker)

Name: _____

Primary Phone: _____

Work Phone: _____

Photos (no names) of campers may be used on camp website to promote Beulahland Christian Camp. Campers may travel to activities off campgrounds.

Does the Child have Health Insurance? Yes No

Company: _____

Policy #: _____

Family Physician: _____

Phone #: _____

Immunizations-Month & Year

D.P.T Series: _____

Tetanus: _____

Mumps: _____

Measles: _____

Rubella: _____

Other (specify) _____

Allergies:

Environmental: _____

Poison Ivy/Oak: _____

Insect Stings: _____

Foods (specify): _____

Other: _____

Is Camper bringing medications to camp? _____

The health history is correct to my knowledge, and the person described herein, has permission to engage in all prescribed camp activities, except those listed by me here:

In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the Camp Director/Manager, to hospitalize, secure proper treatment for, and to offer injection, surgery, or anesthesia for the person named above.

Date: _____

Signature: _____

Signature of Parent/Guardian (If camper is a foster child the caseworker must sign).



What to Bring: Sleeping Bag, Pillow, towels, personal care items, water bottle, clothes for: sleeping, recreation, water activities, night adventures, old shoes, insect repellent, flashlight, rain gear, Bible, Notebook, Pen/Pencil. Modest swimwear required. No electronics.

Medications: All medications must be kept in original containers. Each container must list the recipient's name, the name of the drug, original orders, dosages, dates, directions for use, and specifics for special storage. All medications, including over the counter

Camp Check-In 3:30 PM Sunday
Camp Check-Out 3:30 PM Thursday

Scholarships Available!

Camp Fee is a recommended Donation of \$200

Please send all registration to:

Beulahland Christian Camp

Box 35

22473 Abbey Rd.

Elgin, IA 52141

Please return by June 1, 2019