



UNITED PENTECOSTAL CHURCH OF JAMAICA
NATIONAL SUNDAY SCHOOL/PENTECOSTAL CONQUERORS DEPARTMENTS
TEEN CAMP - AGES 13-17 YEARS ONLY
JULY 14-18, 2025
UPCJ CAMPGROUND - MONEAGUE, ST. ANN

- 1) Name of Camper _____ [☐] Child [☐] Adult
- 2) Address of Camper: _____ Tel: _____
- 3) Date of Birth: _____ Age: _____ [☐] Male [☐] Female
- 4) Name of Church: _____ Region: _____
- 5) Name of Pastor: _____
- 6) Address of Church: _____

- 7) Date Filled: _____ 8) Date Baptized: _____
- 9) Are you a visitor? _____ 10) Have you ever been to a Teen Camp? _____ 11) State year(s) _____
- 12) List church ministries/programmes you are involved in: _____

- 13) Name your special skills/talents _____

- 14) What camp activities would you like to be a part of? *Tick the appropriate boxes:*
[☐] choir [☐] band [☐] ushering [☐] camp monitoring
- 15) List your illnesses _____

- (Parents please enclose ALL medications used by your child, with proper instructions to the caregiver/chaperon)
- 16) List your allergies _____

COMMITMENT

I agree to respect my elders and those who are put in charge over me, as well as fellow campers while I am at Teen Camp. In doing so, I would have indicated that I also respect myself. I will also conduct myself in a manner that is becoming of a child of God.

I should also note that should I misbehave in a manner that constitutes my being expelled from the Camp, I will comply with the decision that is taken, and my parent/guardian will be asked to collect me prematurely from Camp.

Signature of Camper: _____

Date: _____

PARENT/GUARDIAN'S CONSENT

- 17) I _____ parent/guardian of the said camper, hereby grant permission for him/her to attend Teen Camp 2025. **I will endeavour to speak to my child about the behaviour expected from him/her while at camp**, and any misconduct which will warrant him/her being expelled from the camp will be complied with. I will send him/her with all necessities for the duration of the week – medication, proper clothing, utensils, among others.

Signature of Parent/Guardian _____

Date _____

- 18) Registration fee in the amount of **\$1,000** is enclosed to secure my child's place at Teen Camp 2025.
[] **\$1,000.00** *This fee is non-refundable*

Please note that forms without the pastor's consent as well as registration fee, will NOT be processed.

PASTOR/OVERSEER'S CONSENT

- 19) I _____, pastor/overseer of the above-named child give permission for him/her to attend Teen Camp 2025 as representative (s) of the above-named church.

Signature of Pastor/Overseer _____

Date _____

PLEASE NOTE:

Completed camp form for each child, along with a registration fee of \$1,000.00 **must** be sent to the National Office of the United Pentecostal Church of Jamaica, 45 Eastwood Park Road, Kingston 10 by **FRIDAY, JUNE 20, 2025**. Forms and payment may be submitted to the Sunday School/Youth Coordinator or Regional Presbyter before this date that it may reach the Headquarters by **June 20**.

TOTAL CAMP FEE - \$11,000.00

FOR CAMP REGISTRAR'S USE ONLY

Registration Fee: \$1,000.00 []

Balance in Camp Fee: \$10,000.00 []

Date Received: _____

Date Received: _____

Received By: _____

Received By: _____