

FOR MORE INFO CONTACT:

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Crosswinds Church

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Canadian Adventure

Date: June 18 – 24

Cost: \$425.00

for students entering 9th - 12th grade





CANADIAN ADVENTURE CAMP

EXPERIENCING THE NATURE OF GOD THROUGH WILDERNESS ADVENTURE



What will we do?

- Explore God's creation
- Find a hidden waterfall
- Canoe a wild river
- Hike a granite bluff to cliff jump
- Participate in Student Impacts "Amazing Race"
- Fish for walleye, bass, northern
- Work together as a team
- Connect with God and each other
- Learn who God has made us to be

Canadian Adventures Camp, a ministry of Silver Birch Ranch, is located just 70 miles north of Sault Ste. Marie, Canada. This wilderness camp is located at mile 93 of the Algoma Central Rail line and overlooks the beautiful Montreal River. The lodge and adjacent cabin comfortably house groups of up to 40 people. The lodge has electricity, a modern kitchen and modern restroom facilities.

The 4 cabins are located along 27 miles of the river in the heart of the Ontario Wilderness. These cabins are rustic yet very clean and comfortable. They each sleep 14 people. We will stay 3 nights at the cabins.

For More information about CA visit:
www.canadianadventurecamp.org



CA CAMP Registration

NAME: _____

GRADE: _____ AGE: _____

ADDRESS: _____

PHONE: _____ CELL: _____

EMAIL: _____

PARENT/EMERGENCY CONTACT:

NAME: _____

PHONE: _____ CELL: _____

COST: \$425.00
\$100 Deposit Due with Registration
 Make Checks Payable to: Crosswinds Church
REGISTRATION DUE BY MARCH 13th, 2011

MEDICAL RELEASE & LIABILITY

INSURANCE COMPANY: _____

POLICY NUMBER: _____

ALLERGIES/MEDICAL ALERTS/RESTRICTIONS: _____

MEDICATIONS & DOSES: _____

DATE OF LAST TETNUS SHOT: _____

doug
 I give permission for my child to participate in Canadian Adventure. In the event of an accident or illness, I request leaders involved take any necessary actions that seem appropriate at the time of the accident. I will not hold crossWinds church, its staff and volunteers or Canadian Adventure responsible in the event of an accident or illness. I further give consent to any medical treatment necessary to be rendered by a duly licensed physician.

 Parent Signature Date