



Koinonia Summer Camp 2020
 240 County Home Rd. Thompson CT 860-928-6420



MID SUMMER SLEEPOVER BASH
CAMPERS, SWIMMERS AND FRIENDS

Friday July 24th 6:30 PM – Sat. 8:30 AM

Parents can pick up at 11 pm if child doesn't wish to sleep over.

What's better than a FUN day at camp?

It's a whole night of course!
 Eating pizza and brownie ice cream sundaes
 Sitting by a campfire
 Playing games, Watching movies
 Swimming at 10 p.m. and again at 7 a.m.
 Doughnuts for breakfast!!!
 That sounds like a good time to me. I can't wait!

Menu: Snacks: Cheese Pizza, Fruit, Brownies, Ice Cream, and Water
 Breakfast: Doughnuts, Bananas, Milk & Juice

Pick up time: 8:30 a.m. Saturday or at 11:00 p.m. Friday

Register by July 17th ~ \$25.00 per Child. Register after July 17th ~\$30.00 per Child

Ages: 5-12. Must have slept away from home before.

What to bring: Swim suit, 2 towels, pajamas, toothbrush, toothpaste, change of clothes, sleeping bag or blankets and pillow, snacks that your child may prefer to ours, money to purchase in our snack bar is optional.

If you have any questions please stop by our office or call.
Email us at: koinonia.school@att.net

Child's name _____

Parent's Name _____

Phone # to reach you this evening _____

Please read carefully before signing.

I desire to engage my child in Koinonia School of Sports' sleepover. I agree to hold Koinonia, its officials and employees harmless of any liability whatsoever, including any and all claims arising from bodily injury while involved in this event. I hereby give permission to Koinonia staff to transport my child to Day Kimball Hospital in the case of an emergency. I understand Koinonia staff is trained in basic first aid and CPR and I authorize them to give my child necessary care. I, also, acknowledge that there are no limitations that would prohibit my child from participating.

Please list any special limitations or allergies your children may have _____

My child/ren _____ has permission to attend the sleepover with Koinonia School of Sports staff and may be treated with any necessary care while in their care. I, as parent/guardian assume full responsibility for any loss or damages that may occur.

Signature _____ Date _____