



# AZ State Junior Camp 2025

## Camper Information:

- Dates:** Monday, June 30th - Thursday, July 3rd  
Camp Check in will begin at 2:00pm on Monday. Campers will leave the camp Thursday morning.
- Ages:** Children that have completed 3<sup>rd</sup> grade through 8th grade
- Location:** CampWay at Prescott Pines, Prescott, Arizona  
855 E School House Gulch Rd, Prescott, AZ 86303
- Cost:** \$295, includes all meals, lodging and activities.  
Spending money for snack bar is optional. Please do not send excessive money with your child.  
The camp will provide dinner on Monday, and breakfast on Thursday.
- Packing List:** **Clothes for 4 days & 3 nights:** sneakers and casual clothes recommended, pajamas.  
Dress code: Shorts must be to the knee.  
**Swimwear:** Sandals/flipflops, and extra towel recommended.  
Dress code: Boys: dark shirt & swim shorts. Girls: dark shirt & shorts worn over swimsuit.  
**Bedding:** pillow, sleeping bag or twin mattress bedding  
**Toiletries:** towel, soap, etc.  
**Bible, Pen, Flashlight, Reusable Water Bottle, and a Good Attitude!**
- Leave Behind:** **Valuables:** expensive jewelry, excessive money, etc.  
**Electronics:** phones, tablets, music players, etc.  
**Dangerous Items:** knives, lighters, fireworks, etc. Please use common sense.

## Camper Registration:

Name \_\_\_\_\_ Grade (completed) \_\_\_\_\_ Allergies \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Group # \_\_\_\_\_ Individual # \_\_\_\_\_

All medication should be placed in a Ziploc bag with name of child and written instructions. (dosage, frequency, times)  
This should be given to the designated counselor at departure.

My child has permission to participate in the activities hosted by Cornerstone Baptist Church of Phoenix, AZ. I hereby release Cornerstone Baptist Church and any affiliate, from any and all liability for personal injury, property damage, or wrongful death as a result of my child's participation in the activities of Cornerstone Baptist Church. By signing this statement, I give permission for emergency and/or medical treatment if necessary. I certify that I have read and understand this statement.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_