



Dear PARENT/GUARDIAN OF CAMP OF DREAMS CAMPER:

1) Thank you for registering your camper for summer camp at Innabah! Please READ CAREFULLY the information in this letter and **keep all of your paperwork in a safe place!**

2) ****THREE WEEKS PRIOR TO CAMP: PLEASE remember to send in all of your camper's forms!! You should mail the following forms: Health History Form, Authorization for Medication, Specific Camper Information, and Camper/Video Release. This makes it possible for the counselor and the nurse to review this information and be better prepared to care for your camper.** Mail to Camp Innabah, 712 Pughtown Rd., Spring City, PA 19475

3) **REGISTRATION: PLEASE NO EARLY REGISTRATIONS.** Camp of Dreams registration will begin promptly at **6:00PM** on **Monday** in the pavilion on Sky Hill. Pick-up for this event is Saturday on Sky Hill. **Additional charges will apply for anyone picked up after 10:30AM. So please make sure you aware of the pickup time! This is especially important to communicate with agencies that are transporting campers to camp!**

4) **MEDICATION: REMEMBER YOU MUST HAVE AN AUTHORIZATION FOR MEDICATION ADMINISTRATION FORM FOR ALL MEDICATION** Our forms have space for 4 medications on a page, if more are needed please make copies. Prescription medications must be in the **current container** with the campers name, name of drug, dosage and frequency of administration consistent with the instructions given, "Pharmacy Dose Packs" are accepted but must be properly labeled. Campers using over the counter medications daily must have this form signed also! Please make sure you read the included letter **Medication Tips for Campers!**

5) **CAMP STORE:** Will be opened during registration and check out times. Higher priced purchases and correct sizing are encouraged to take place at this time. Your camper's store money is put into a store account during registration and any unspent monies will be returned at check out time. Campers do go to the store once a day and we suggest the amount of \$20.00 is sufficient for the week.

6) **CAMP PHOTO/DVD's:** You may choose to order a photo of your camper's particular group. You must order and pay for this photo at registration. We will most likely have two sizes this year one for \$3.00 and one for \$6.00. Camp DVD's will be available for \$10.00. You must order and pay for these at registration. You should receive the photo and/or dvd before you leave camp. **If your camper isn't allowed to be photographed or videotaped, please indicate that on the video release form.**

7) **MAIL:** Campers will receive mail after the evening meal each day. Please write early as it usually takes 2 days for mail to arrive at camp. PLEASE ADDRESS MAIL as follows:
Camp Innabah
Camper's Complete Name
Camp of Dreams #367
712 Pughtown Road, Spring City, PA 19475.

8) **EMAIL:** We are using a new program for camper email this year. It is \$1.00 per email and you signup through our website to do this new program. **Please read the attached flyer for detailed instructions on this program.**

9) **VISITORS or PHONE CALLS:** We discourage these as they disrupt the camping experience. In case of an emergency situation call or stop at the camp office and ask for the Director or the nurse on duty for the week and they will inform your camper of such a situation. Thank you for your understanding in this matter!

10) **PICK UP :** Event #367 Camp of Dreams should be picked up on Saturday morning at 10:00AM on Sky Hill. **If you arrive early, please remember that the campers are finishing their week of camp and you will need to wait patiently.**

THANK YOU again for your registration!! I hope this information is helpful in preparing your camper for Innabah. We all hope this will be a GREAT EXPERIENCE for your camper. If you have any questions or concerns, please do not hesitate to contact me.

P.S. Don't forget to mail in the all of your paperwork Three Weeks ahead of time! - Thanks!!

Suggested packing list for Camp of Dreams

Please put name on **EVERYTHING**, every washcloth & towel, piece of clothing, toiletry, bags, etc.

- 10 outfits (because of our shower schedules, more than 6 outfits are needed) B shorts, shirt, underwear, socks, bras (for the ladies) **each outfit can be rolled together (underwear, socks, bras, inside shorts and shirt) or put into a ziploc bag so that it is easier to find clothes and to carry them to the shower**
- 2 pairs of sneakers 1 pair of boots Rain gear B poncho or raincoat
- 2-3 pairs of pajamas 2 pairs of long pants 2 sweatshirts/jackets
- Flip-flops OR water shoes for shower time and pool time 2 bathing suits
- 2 beach towels Sun block Cover up OR T-shirt & shorts to wear to the pool
- 2-3 bath towels, 2-3 washcloths (shower area floors get dirty & towels fall on the floor)
- Toiletries for a week, deodorant, soap in a soap dish, shampoo, conditioner, hair brush/comb, powder, toothbrush, toothpaste, plastic cup, mouth wash, hand cream, shaving needs
- Sleeping bag, sheet, & pillow OR fitted sheet, top sheet, blanket, & pillow
- Laundry bag(s), cloth (2 or 3 pillow cases) OR large, strong plastic bags (put masking tape on the bags and write camper's name on the tape)
- Addresses of people to whom letters/postcards may be written (pre-addressed and stamped envelopes with writing paper work well)

PLEASE DON't SEND FOOD, DRINKS, GUM, CANDY, SNACKS. Each day, we eat 3 very hearty meals, go to the store for a drink or snack, and have an evening snack. Any extra food or drink in the cabins or shelters only attracts animals and bugs.

Thank you for your registration camp. We look forward to seeing you this summer. If you have any questions, feel free to call the office at 610-469-6111 or camp@innabah.org.

DIRECTIONS to INNABAH , 712 Pughtown Road, Spring City, PA 19475

Innabah is located in Chester County, East of Rt. 100 at Pughtown Rd, which is just South of Rt. 23

From the South, exit at the Downingtown interchange of the PA Turnpike(Exit #312) and go North on Rt. 100 about 8 miles to Pughtown Rd. Turn Right onto Pughtown Road. The camp entrance is ¾ of mile on the right.

From the North, follow Route 100 South to Pughtown Rd. Turn Left onto Pughtown Road. The camp entrance is ¾ of mile on the right.

From the East, exit at the Downingtown interchange of the PA Turnpike(Exit #312) and go North on Rt. 100 about 8 miles to Pughtown Rd. Turn Right onto Pughtown Road. The camp entrance is ¾ of mile on the right.

From the West, exit at the Morgantown interchange of the PA Turnpike(Exit #298) and follow the signs for 23 East/10 south.

Take 23 East – to 100 South (approx. 11 miles)

Turn Right on 100 South to Pughtown Rd (approx ¾ mile). Turn Left onto Pughtown Road. The camp entrance is ¾ of mile on the right.

Specific Camper Information for Campers

Please complete and **mail back to camp** with health form at least **three weeks** in advance of arrival at camp.
This form is important for counselors and nursing staff. (Innabah, 712 Pughtown Road, Spring City, PA 19475)

Dear Parents and Caregivers:

It is important for all of us; especially our campers that we are prepared to meet the needs of the campers during their stay at Camp Innabah. Please answer the following questions which will help us to plan ahead with cabin assignments and staffing. Your openness and accuracy are appreciated.

Camper's Name _____ Residence: _____ Private _____ Group Home
Medical Syndrome or cause of disability _____
Reading Level / Writing Ability _____

Personal Care:

1. Does the camper use the toilet independently? _____yes _____no
If no, what specific type of assistance is required? _____

2. Does the camper wet the bed? _____yes _____no
If yes, how often? What measures are taken at home? (Please send extra bedding or Depends if needed.) _____

3. If female, does the camper handle menstruation independently? _____yes _____no
Is cycle expected at camp? (Please send supplies.) _____yes _____no
If no, what specific type of assistance is required? _____

4. Does the camper shower without help? _____yes _____no
If no, what specific type of assistance is required? _____

For campers who require assistance with personal hygiene, do you give your permission for camp staff to assist as needed to maintain cleanliness?
_____no assistance will be needed _____I give permission for help as needed (please initial).

5. Does the camper need assistance with any aspect of dressing? _____yes _____no
If yes, what specific type of assistance is required _____

NOTE: PLEASE LABEL ALL CLOTHING WITH NAME OR INITIALS. PLEASE HELP CAMPER PACK "SETS" OF CLOTHES TOGETHER IN ZIPLOC BAGS TO MAKE CLOTHING DECISIONS EASIER AT CAMP. IT IS IMPORTANT TO SEND 4 EXTRA SETS OF CLOTHING. CAMPERS WILL USE MORE THAN YOU EXPECT.

6. Does the camper need assistance with any other grooming activities such as brushing teeth, combing hair, and shaving? Please be specific. _____

Activity Level / Endurance:

1. The Innabah cabins are on hills and there is uneven terrain. Does the camper have physical problems with walking (including gait and balance) or use any devices (braces, walker, cane) to assist with walking: Please describe:_____

2. Does the camper have any other special medical problems that affect the amount of activity he / she can endure? Please mention any heart or breathing problems, weight problem, heat sensitivity or any other medical condition that might slow the camper down._____

Special Medical Issues:

1. Does the camper have a seizure disorder or epilepsy? ____yes ____no

If yes, describe a typical seizure_____

When was the last seizure_____ How frequently do they occur?_____

What action is taken in the event of a seizure?_____

What would you like the camp staff to do in the event of a seizure? (Eg. notify parent, physician)_____

2. Is the camper prone to be hyperactive or agitated? ____yes ____no

If yes, please describe the behavior and how it is managed at home._____

3. Is the camper under treatment for any psychiatric or mental health condition? Please Describe_____

4. Does the camper communicate well with others? ____yes ____no

Please describe any helpful communication suggestions for our staff._____

5. Please describe any serious fears or anxieties._____

6. Please describe any dietary restrictions._____

7. Please check any of the following problems that are experienced by the camper.

____Hearing Loss ____Vision Loss ____Wears Glasses ____Speech ____Non-Verbal

Additional Information:_____

Social Interaction:

Please describe the camper’s level of social interaction. Does he / she get along well with others or Strangers? Follow directions? Cooperate? Describe favorite activities or “comfort” activities. Pets? Hobbies? Describe likes / dislikes about previous camp experiences. Homesickness? Any suggestions of key words or phrases that staff can use to communicate if there is an adjustment problem? _____

Please use additional paper to explain anything that will help us meet the needs of the camper. Thank You!



Eastern PA Conference/United Methodist Church
CAMP OF DREAMS HEALTH HISTORY FORM

(To be completed and signed by parent/guardian; please print or type all entries)

Completed form must be brought to camp -

PLEASE MAIL - 3 WEEKS BEFORE CAMP!

For Camp Use Only:
Camp # 367

Housing - Sky Hill
_____ **Cabin**

GENERAL INFORMATION

CAMPER'S NAME _____ GRADE COMPLETED _____
(Last) (First) (MI)

Social Security # _____ DATE OF BIRTH _____ AGE _____ SEX: M ___ F ___ HEIGHT _____ WEIGHT _____

NAME OF PARENT/GUARDIAN _____
(Please Circle One) (First) _____ (MI) _____ (Last) _____

ADDRESS OF PARENT/GUARDIAN _____
(Street) (City, State, Zip)

PHONE NUMBERS OF PARENT/GUARDIAN
Father/Guardian: Home-() Work -() Cell -()

Mother/Guardian: Home-() Work -() Cell -()

IN CASE OF EMERGENCY, IF PARENTS/GUARDIANS CANNOT BE REACHED, PLEASE NOTIFY:

NAME _____ RELATIONSHIP TO CAMPER _____

ADDRESS _____ PHONE () _____

PHYSICIAN'S NAME _____ PHONE NUMBER () _____

FAMILY MEDICAL/HOSPITAL INSURANCE CARRIER
POLICY ID # _____ POLICY/GROUP # _____ POLICY HOLDER'S SSN _____
(This information is required since each camper is covered by limited accident and medical insurance in excess of parent's own insurance; **CAMP'S POLICY IS A SECONDARY POLICY.** PA state law prohibits duplicate payments.)

For minor illness or injury, the following medications are available to administer to campers **as needed** (based on our standing medical orders): Acetaminophen/Tylenol, Ibuprofen, Milk of Magnesia, Mylanta, Kaopectate, Diphenhydramine/Benadryl, Robitussin, Pseudoephedrine/Sudafed, Antibiotic Ointment, Caladryl, Desenex, Chloraseptic spray and lozenges, Swimmer's Ear Drops, Anbesol, Hydrocortisone Cream.

Do not administer above medications Administer above medications

Administer above medications except _____

Signature _____

CERTIFICATION AND AUTHORIZATION *MUST BE COMPLETED FOR ATTENDANCE****

I certify that the information provided on both sides of the Health History Form is, to the best of my knowledge, complete and accurate. I know of no reason(s), other than the information indicated on this form why my son/daughter/camper should not participate in all camp activities. I take full responsibility for any medical problems (illness or injury) that occur as a result of my failure to disclose medical conditions, restrictions, or limitations of my child. I understand the State of PA requirement that all campers be examined by the Health Care Staff on the day of registration and give my permission for the conduct of such an examination.

My son/daughter/camper _____, has permission to participate in the activities associated with the summer camping program of the Eastern Pennsylvania Conference/United Methodist Church. Further, in the event of an illness or emergency, the Program Center Director or designee is authorized to act in my behalf in securing medical treatment for my child named above.

Signature of Parent/Guardian _____ Date _____

Don't miss Page 2!

(Page 2 of Health History Form)

TO GIVE APPROPRIATE CARE TO THE CAMPER WHILE HERE AT CAMP, PLEASE COMPLETE THE FOLLOWING INFORMATION ACCURATELY - THANK YOU

DATE OF CAMPER'S LAST HEALTH EXAM _____ WERE ANY PROBLEMS NOTED AT THAT TIME? ___ YES ___ NO

SINCE THE CAMPER'S LAST HEALTH EXAM, HAS HE OR SHE HAD ANY OF THE BELOW:

A serious injury requiring medical attention ___ Yes ___ No

Surgery or a fracture ___ Yes ___ No

A diagnosed infectious disease ___ Yes ___ No

Exposed to any communicable disease ___ Yes ___ No

**A physician's restriction in any physical activity ___ Yes ___ No

**Medication prescribed ___ Yes ___ No

PLEASE EXPLAIN : _____

**** A physical examination may be required to participate in physically active camps. (See camper letter) NO Medication will be given without completed medication forms!**

Is the camper currently under a physician's care for a medical problem? (Describe)

_____ **Are all immunizations up to date? ___ Yes ___ No Date of last Tetanus (DPT,DT,TT) Shot MUST be listed here _____**

Has the camper ever had or now have any of the following medical problems?

Asthma Frequent ear Infections/cold /sore throats Chicken Pox HIV TB

Bleeding/Clotting Disorder Convulsions/Seizures Diabetes Heart Disease or Defect Hypertension

Kidney Disease Sickle Cell Disease Behavioral/Emotional Problems Other

Please explain : _____

Please check the following conditions that apply to the camper:

Athlete's Foot/Ringworm Bed Wetting Sleepwalking Special Diet

Fainting Motion Sickness Hearing Impairment Ear Tubes Wears Glasses/Contacts

Menstrual Cramps Stomach Upsets Homesickness Nosebleeds Constipation

Please explain : _____

Does the camper have any of the following allergies? (Please check and describe)

<u>ALLERGIES</u>	Describe	Treatment
Medications	_____	_____
Seasonal/Environmental	_____	_____
Insect Stings	_____	_____

Other _____

FOR CAMP USE ONLY: ON-SITE HEALTH EXAMINATION

General Health Condition: _____

Illnesses experienced or exposed to during preceding 30 days: _____

Recommendations and restrictions (activity, diet, etc): _____

Skin Lesions/Bruising: _____ Other _____

Signature of Examiner _____ Date _____

Medication Tips for Campers

Dear Parents and Caregivers of Campers:

We would like to ease the wait at the medication line at camp registration. We commonly take in 100-120 medications for 35-40 campers in an hour's time. We hope that you will be patient with us, as we need to get all of the information correct for the safety of our campers. We realize that all of this may seem confusing to some. If you are able to help us with any of these steps, it will shorten the process

****PLEASE READ CAREFULLY, FOR THERE HAVE BEEN TO INCREASE SAFETY FOR OUR CAMPERS****

- 1. An Authorization for Medication form is required for medication.** Our new forms have space for 4 medications on a page, if more are needed please make copies
- 2. Fill out the permission part completely.** The **signature** of the camper or the caregiver must be on the form, not just the agency name.
- 3. The prescription label on the bottle and the permission form should have the same instructions.** If we are asked to administer medication in some way that is different from the label, please provide a note from the doctor or a doctor's signature on the permission form with the correct instructions.
- 4.** A separate note from the doctor is acceptable if you are unable to get our form signed.
- 5. Please send the original medication containers.** Do not prepare daily doses in a pill organizer as **these will NOT be accepted!** Labeled unit dose packages prepared by a pharmacy are acceptable.
- 6.** Place all medications in a Ziploc bag. All medications should be placed in the same bag. Use a small or large bag based on the number of medications. Use a permanent marker or a strip of masking tape and write the camper's name on the bag. Next to the name write the times of day that the medications are given. If it is possible to conform to our mealtime / bedtime schedule, use the designations below. If a special time is needed, please indicate that also.

Write:	If Given At:	Which is About:
B	Breakfast	8:00 a.m.
L	Lunch	12:00 noon
D	Dinner	5:30 p.m.
HS	Bedtime	8:30 p.m.

For example, camper John Smith takes three different medications, not all at the same time, but he happens to get some medication at each of his meals. His label would look like this: John Smith B – L – D
If medication should be given mid – afternoon, 3:00 p.m. is best for us, but we can accommodate any schedule. Perhaps the label would look like this: Sue Jones B – 3pm – HS
Please let us know if there are special circumstances such as medications that need to be given on an empty stomach.



7. **It is not necessary** to send over the counter medications unless the camper needs them on a regular basis: the following medications are available to administer to campers **as needed** (based on our standing medical orders): Acetaminophen/Tylenol, Ibuprofen, Milk of Magnesia, antacids, Kaopectate, Diphenhydramine/ Benadryl, Robitussin, Pseudoephedrine/Sudafed, Antibiotic Ointment, calamine lotion, antifungal powder, Chloraseptic spray and lozenges, Swimmer's Ear Drops, Anbesol, Hydrocortisone Cream.

8. If a camper commonly gets any dose of medication after 3:00 p.m. (registration time) and before 5:30 p.m. (dinner) on Sunday, please make arrangements to give the medication before leaving camp. The nurse will give her first round of medications at dinner on Sunday evening. Please let us know if this presents a problem.

9. The last doses of medication will be given on Saturday morning at breakfast. Family members and caregivers will pick up all medication bags when campers are checked out.

Most of all we appreciate your help and patience as we plan together to meet the medication needs of our campers. Thank you.

EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH
Camp Innabah, 712 Pughtown Road, Spring City, PA 19475

AUTHORIZATION FOR MEDICATION ADMINISTRATION

PLEASE NOTE: **ALL PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS MUST BE AUTHORIZED BY A PHYSICIAN/PROVIDER.** You may copy this form.

Child's Full Name _____

Reason for Medication(s) _____

If your camper must receive medication during his/her scheduled summer camping session, please complete this form and bring it along with the prescribed medication to camp with the camper. All medications and forms will be checked at camp registration on the start day of your camper's event. **NO Medication will be accepted unless his/her name is on the original prescription.** Campers using over the counter medications daily must have this form signed and brought to camp with the medication.

PRESCRIBING PHYSICIAN INFORMATION - I certify that it is imperative that the medication prescribed below be taken during this child's camping session.

(Physician's Name) _____ (Physician's Signature) _____ (Phone) _____ (Date) _____

Medication Name(s) / Dosage(s)	Time(s) : B-Breakfast, L-Lunch, D-Dinner, HS-Bedtime
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS Other_____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS Other_____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS Other_____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS Other_____

PARENT AUTHORIZATION

I, _____ give my consent to the Health Care
(Name of Parent/Guardian)

Staff to administer the above medication(s) to my child/camper _____

(Name of Camper)

during their time at Camp Innabah from _____ through _____
(Starting Date) (Closing Date)

(Signature of Parent/Guardian) _____ Date _____

THIS SECTION COMPLETED BY HEALTH CARE STAFF ONLY

___ Permission form completed ___ Safety type container ___ Original prescription label
___ Name of this child is on the label ___ Date on label is current ___ OTC, original container and current
___ Name of drug, dose, and frequency of administration is on label
___ Inhaler and/or Epi-Pen with camper (either with individual or counselor)

(Health Care Staff Approval) _____

Innabah Photo/Video Release



Camper's Name _____

I give my permission for Innabah to:
Photograph/video tape my camper during their camp session for the weekly group photo and weekly camp dvd. Additionally, they may be photographed/ video taped for the purpose of promotion of camp and retreat ministries. This is including, but not limited to, newsletters, displays, Innabah websites, and UMC websites.

I do not give my permission for Innabah to:
 Photograph/Video tape this camper for promotional purposes.
 Photograph this camper for the weekly camp photo
 Photograph/Video tape this camper for the weekly dvd

Signature of Parent/Guardian _____ Printed Name _____

Check us out on the web at:
www.innabah.org
Or join us on Facebook at:
Camp Innabah Official Fan Page

EASTERN PENNSYLVANIA CONFERENCE, UNITED METHODIST CHURCH
CAMPER RELEASE

Camper Name _____ Event Name _____ Event # _____

Release my camper for pickup from Innabah to the following person(s):

Check boxes to indicate the authorized person(s):

Name

Contact #

Cell phone if available

SIGN-OUT SECTION - END OF CAMP PROGRAM (Office Use Only)

Person named above picking up camper (circle):
Mother, Father, Guardian, Agency, Other**must be listed on the side!

- Mother and/or Father _____
- Mother only _____
- Father only _____
- Guardian/Agency _____
- Other _____
- Other _____

2011 Innabah Events

SIGNATURE OF PARENT/LEGAL GUARDIAN:

_____Date_____



Thank you for
supporting the
ministries at Innabah!

A United Methodist Church Camp
www.innabah.org, camp@innabah.org,
or 610-469-6111

Year Round Opportunities

- _ Overnight Retreat Facilities available for rental
- _ Day Retreats
- _ Summer Camp for all ages! Birth-Adult
- _ Day Camp – 3 Year olds - 5th Grade - Available 7:30AM-5:30PM depending on ages. Great discounts for more than one child registering for day camp!
- _ Picnic Rentals - Pavilions for rent!
- _ Gym Rental
- _ Pre-school Days in the Fall – Free Hayrides and lunch. Call to be added to the mailing list.
- _ Ways to Support Innabah: Pray for our ministries, Help us financially, Volunteer, Donate Items on our wish list, and more!

INNABAH WISH LIST IMMEDIATE NEEDS

- ** Replace carpeting in Farmhouse/ Offices -\$8,000
- ** New Walkways to Orchard and Sky Hill(donation coming!)
- ** Bob Cat/Front End Loader/Etc

SUMMER 2011 NEEDS

- ** Volunteer nurses for check-in or the week!
- ** Volunteer counselors—must be 18
- ** Summer Staff—must be at least 16

IN THE NEAR FUTURE

- ** Steam pots for the kitchen -\$?
- ** Financial gifts to assist with the budget



- **New Playground Equipment
- ANYTIME NEEDS**
- ** Volunteer work groups
- ** Duct Tape/Masking Tape
- ** Chain Saws
- ** Sports equipment
- ** Markers
- ** NIV Bibles for campers

**Please call us if you have any questions
about our wish list! Thanks for your
support!**

March 4-6– Summer Staff Interview Weekend

For more information, please Christy Heflin at innabahdirector@aol.com- You can apply online at www.innabah.org.

Friday, May 6 - Golf Tournament –Spring Hollow Golf Course

For more information, email Christy Heflin at Innabahdirector@aol.com
Hole Sponsors, Patrons, Prizes and Golfer's Needed!

Sunday, June 5- Summer Open House 2:00PM-5:00PM

Lots of activities for the family! Camp tours, boating, swimming, food, and fellowship! Check out our website for more details! Calling all alumni! Watch for details about our staff reunion June 3-5. Come visit us on this special day!

Monday, June 13- Summer Camp Begins

For more information, check us out on the web at www.innabah.org or call us 610-469-6111. You can register online at www.innabah.org

Saturday, December 10 - Christmas Open House
2:00PM-5:00PM

Overnight lodging is available for the weekend at a discounted rate call for more information 610-469-6111. Join us for this wonderful holiday event.

Upcoming Retreats in 2012

Children's Retreat – Grades 2-5 – January 20-22
Youth Retreat – Grades 6-9- January 20-22
Women's Retreat – Adults – January 20-22

10 New Cabins Completed! 2 more to go in 2011
-one in the spring and one in the fall

Day Use Bath House –finished in Spring of 2011!

Eagle Scout Projects – 34 completed since 2001, 3 in progress

Donate online anytime at www.innabah.org!

Watch us Grow!

Stay in touch with your Camper this summer!

We are excited to tell you about our partnership with Bunk1.com! Bunk1's secure, easy to use, summer website services let you stay in touch with your camper all summer!

GET STARTED TODAY

To set up a new account and visit our Online Community:

1. Go to our website at **www.innabah.org**
2. Click the "Camper Email" button *
3. Click "Register Now"
4. Enter your Pre-Approved Registration Code: **1110172BA**
5. Fill out all the required information
6. Purchase Bunk Note credits (you will need a credit card)
7. Send an email to your camper!

* If you cannot find this button, go to **www.campinnabah.bunk1.com** instead and continue on to the next step
** For your camper's safety, please do not share the Pre-Approved Registration code above.

FREQUENTLY ASKED QUESTIONS

How do I send a Bunk Note (one-way email) to my camper?

Follow the instructions above except, after registering, simply sign in and click on the Bunk Notes button. Enter your camper's name, select the correct event, type your message, and hit the "Send" button.

Why do I have to pay to send Bunk Notes (one-way email)?

Each morning, the Bunk Notes system bundles and sorts the messages for us to print out and distribute to campers. It also protects us from computer viruses and allows us to easily manage these emails. Your payment helps us cover the cost of the system, paper, ink, and labor and, more importantly, frees us to do what we do best– be with your camper! Bunk Note cost \$1 each.

Can other relatives use these services?

Certainly, once you have set up your account, you will be able to invite other people to access these services.

What do I do if I lost my username and password?

You can get it online by going to www.Bunk1.com and clicking on the link "Lost Your Password?" (to the

left of the page below the sign in button). You will receive an email with your username and password within a few minutes.

QUESTIONS OR PROBLEMS?

Please call Bunk1 at 1-800-216-9472 or go to www.bunk1.com/contact.asp