



Dear PARENT/GUARDIAN OF A SPECIAL NEEDS 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. For Challenge 1, and Challenge 4 registration will begin promptly at 3:00PM on Monday, July 5th in the dining room/ping pong porch. Challenge 2, Challenge 3, Challenge 6, and Camp of Dreams registration will begin promptly at 3:00PM on Sunday in the dining room/ping pong porch. Challenge 5 registration will begin promptly at 3:00PM on Wednesday in Bethany Lodge. Pick-up for all events is at 10:00AM on Saturday. 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 Challenge 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:** Will be taken of your camper's particular group and an 8x10 color photo may be purchased at a cost of \$6.00 each. You must order and pay for this photo at registration. Your camper should receive their photo before leaving camp at check-out. **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
Name and # of Camp (example: Challenge 1 #361)
712 Pughtown Road, Spring City, PA 19475.

8) **EMAIL and FAX:** You may email your camper by sending e-mails to camp@innabah.org. Please include your camper's name and event number in the subject line. Or you can fax your camper a letter. Our fax number is 610-469-0330.

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 #361 Challenge 1 and #362 Challenge 2 campers should be picked up Saturday Morning at 10:00 A.M. on Orchard Hill. Event #363 Challenge 3 and #364 Challenge 4 campers should be picked up Saturday Morning at 10:00 A.M in the dining hall. Events #365 Challenge 5, # 366 Challenge 6, & #367 Camp of Dreams should be picked up on Saturday morning at 10:00AM in Bethany. **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 all Challenge camps

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) – 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 – 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)

THANK YOU FOR NOT BRINGING: game boys, cellular phones, beepers, radios, TVs, Cassette/CD players, tobacco products, etc.

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.

CHALLENGE 3 & 4 - OUTPOST SHELTERS

- Mess kit and sturdy silverware OR washable plate, cup, bowl, and sturdy silverware
- Mesh dunk bag for holding dishes after they have been washed

Thank you for your registration Challenge 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 Challenge 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
CHALLENGE CAMP 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 # _____
Housing _____

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 _____

(Page 2 of Challenge 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)

Table with 3 columns: ALLERGIES, Describe, Treatment. Rows include Medications, Seasonal/Environmental, Insect Stings, and 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 Challenge Campers

Dear Parents and Caregivers of Challenge 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 <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> 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 UMCwebsites.

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
<input type="checkbox"/> Mother and/or Father	_____	_____
<input type="checkbox"/> Mother only	_____	_____
<input type="checkbox"/> Father only	_____	_____
<input type="checkbox"/> Guardian/Agency	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Other	_____	_____

SIGNATURE OF PARENT/LEGAL GUARDIAN:
 _____ Date _____

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!

Date/Time

Counselor verification that person signing below picked up camper:
 Signature: _____

Authorized Release Signature:
 Signature: _____

Print Name: _____



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 Truck with PLOW!!!!!!!!!!!!!!
- ** New Walkways to Orchard and Sky Hill
- ** Bob Cat/Front End Loader/Etc

SUMMER 2010 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

- ** Finances to build 3 more cabins—
Approximately -\$22,000 a piece.
- ** Steam pots for the kitchen -\$?
- ** Financial gifts to assist with the budget

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!**



2010 Innabah Events

March 5-7– Summer Staff Interview Weekend
For more information, please contact Chrissy Wells at
Program@Innabah.org - You can apply online at
www.innabah.org.

**Friday, May 7 - 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 6- 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 5-6. Come visit us on this
special day!

Monday, June 14- 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 11 - 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 2011

- Children's Retreat – Grades 2-5 – January 21-23
- Youth Retreat – Grades 6-9- January 21-23
- Women's Retreat – Adults – January 21-23

Watch us Grow!

††††††††††††

9 New Cabins Completed! 3 more to go!

Sky Hill Bath House –completed in the spring of
2009!

Day Use Bath House –construction in spring of
2010!

Orchard Hill New Septic System–construction in
spring of 2010!

Pavilion –Sky Hill Pavilion – completed in June
2008!

Eagle Scout Projects – 33 completed since 2001, 3
in progress

6 New Outpost Sleeping Shelters were rebuilt in
2007- 2009!