

# Adventure Camp 2017



**Where:** Crosswoods Camp in the Chequamegon National Forest near Drummond, WI.

**When:** June 25<sup>th</sup> – 30<sup>th</sup> 2017

**What:** The week includes high-adventure activities, such as: high & low ropes, rappelling, rock climbing, canoeing, kayaking, archery & mountain biking. Campers are encouraged to take part in all activities, but only participate in what they are comfortable doing.



In addition to the adventure activities, there will be daily faith discussions led by youth ministers, priests, & religious from the Diocese, along with small group sharing. Mass, Confessions, Morning Prayer, Night Prayer, Adoration, & Benediction will be offered daily.

**Who:** Youth who will be entering grades 7 – 12 in September, 2017. (and adult chaperones)



**Cost:** Approximately \$450.00\* A \$50.00 **non-refundable** deposit & registration form are required to register. Fundraising activities are available to help cover camp expenses.

\* Includes camp registration, all meals at camp, & transportation.  
Final price TBD – based on transportation expenses.

**Contact:** David Masak or Julie Studinski 715-341-6706  
[david@stbrons.com](mailto:david@stbrons.com) or [julie@stbrons.com](mailto:julie@stbrons.com)



**NOTE:**

We need a minimum of one adult chaperone for every 10 students. Please consider being a chaperone. Cost for chaperones is \$250. In the event we do not have enough chaperones per parish represented; teens will be refunded their deposit in the order received.



# 2017 Adventure Camp Initial Registration Form



Participant NAME (print) \_\_\_\_\_

GRADE of Participant in  
September 2017:



AGE of Participant on  
July 10, 2017:

PHONE

e-mail

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Parish you attend: \_\_\_\_\_

School you attend: \_\_\_\_\_

I WOULD LIKE TO ATTEND ADVENTURE CAMP: **June 25-30 2017.**  
I have enclosed my **non-refundable** registration deposit of \$50.00.

I give my son/daughter permission to attend Adventure Camp. I, as a parent, along with my son/daughter, are committed to this event, which will include participation in all meetings, along with reading & complying with Adventure Camp policies & packing requirements. I acknowledge that more information & releases will be required for my son/daughter to participate in Adventure Camp. In addition, I understand that further payments for Adventure Camp will be required by March 31, 2017 (\$150.00) & May 15, 2017 (remaining balance), and that missing a payment may vacate my son/daughter's spot at Adventure Camp. I know that refunds will not be given in the event my son/daughter's spot at Adventure Camp is vacated. I recognize that fundraising opportunities are available to help defray camp expenses if my son/daughter & I are willing to put forth the effort to participate.

Youth Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent name (print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Return form & deposit payment to Youth Ministry at St. Bronislava Parish, P.O. Box 158, Plover. WI 54467 Registrations will be accepted until camp is filled. No registration will be accepted without a deposit payment.

**Makes checks payable to St. Bronislava Parish (Memo: Adventure Camp)**