

# Camp Caraway

# Asheboro, NC

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May 14-16, 2010

It is almost time again for Deaf youth Retreat! Many Deaf students can hardly wait. Camp Caraway is near Asheboro, N.C. Camp Caraway is a rustic/modern camp with lake, gym, dining hall, swimming pool, basketball courts, cabins, and a lodge. The purpose of the Deaf Youth Retreat 2010 is for Deaf students to be able to have a camp that offers Christian fellowship and Bible study in a relaxed, fun-filled environment.

Campers at Deaf youth Retreat must be Deaf and must be in Middle School or High School. Students who have graduated from High School are too old for this camp. Students not in middle school are too young. The cost for camp is **\$90** for North Carolina campers and **\$100** for campers from other states. We have a few partial scholarships for campers. Campers must pay for camp or receive approved scholarships. If you need a scholarship please contact Donnie Wiltshire at 1-800-395-5102 extension 5630. Scholarships will be very limited this year.

Churches will provide transportation from the schools for the Deaf in Morganton and Wilson to the camp on Friday, and back to Morganton or Wilson on Sunday. The transportation will be by church vans, and campers will be covered by insurance from the time they leave until they return on Sunday. Because of the changes at the schools, parents must pick up students on Sunday either at camp or at First Baptist church in Morganton or Forest Hills Baptist Church in Wilson. An individual transportation plan for each camper will be worked out and agreed to by each parent.



## Remember ...

For Deaf youth of middle and high school age

**Cost for North Carolina Campers - \$90.00**

**Cost for Out of State Campers - \$100.00**

Make Checks Payable to **Baptist State Convention**

Deadline for reservations - May 8, 2010

**“Please try to register Early”**

**Send reservations and checks to:**

**Donnie Wiltshire**

Baptist State Convention of North Carolina

P. O. Box 1107

Cary, NC 27512-1107

(800) 395-5102 ext. 5630

(919) 467-5100 ext 5630

Email: [dwiltshire@ncbaptist.org](mailto:dwiltshire@ncbaptist.org)

**Kevin Clark**  
**Retreat**  
**Director**



**North Carolina Baptists**  
*Caring. Sharing. Daring.*

**Baptist State Convention of North Carolina**

PO Box 1107 • Cary, NC 27512-1107

(919) 467-5100 • (800) 395-5102 • [www.ncbaptist.org](http://www.ncbaptist.org)

# PLEASE RESERVE A PLACE FOR ME AT CAMP CARAWAY, DEAF YOUTH RETREAT MAY 14-16, 2010

(Please give us all the information requested below and write clearly)

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Which school does camper attend?     Morganton     Wilson     Public     Out of State

If Public School, name of school and city \_\_\_\_\_

Parent's name \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(we need the information below in case of emergency)

Phone where parent can be reached during camp (    ) \_\_\_\_\_

E-mail address where parent can be reached during camp \_\_\_\_\_

Text address where parent can be reached during camp \_\_\_\_\_

1. I give my permission for \_\_\_\_\_ to leave for camp from school if he/she is  
(student's name)

riding the transportation provided by the Baptist State Convention from North Carolina School for the Deaf or the Eastern North Carolina School for the Deaf. I know I **MUST** pick up my child on Sunday May 16.

2. I give my permission for \_\_\_\_\_ to be treated by a doctor or nurse in case of  
(student's name)

an accident or illness while at camp.

3. **I know it is my responsibility to have my child's medicine ready on May 14, not the school's. I will make arrangements to have my child's medicine ready.**

Signed by parent or guardian: \_\_\_\_\_

Your Relationship to student \_\_\_\_\_ Date \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Medications needed while at camp: \_\_\_\_\_

