

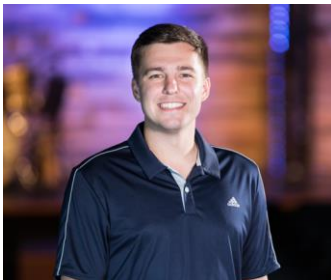
# CAMP HATCHIE

a ministry of the Big Hatchie Baptist Association

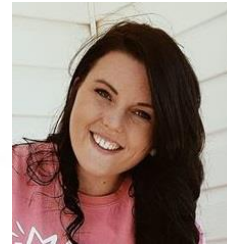
## June 22-26

# 20 | 20 VISION

**Cory O'Hara  
CAMP PASTOR**



**Pastor, Middle School  
Bellevue Baptist Church**



**WORSHIP led by:  
Hannah & Friends  
Grace Hill Church**

**Where** is Camp Hatchie held?

The Rose of Sharon Campground in Burlison, TN.

website: [roscg.net](http://roscg.net)

**Who** is eligible?

Teens having completed the 6<sup>th</sup> grade

**How Much** does it cost? Adults and Students, *with deposit of \$50*

*paid by May 26*, Fee for lodging + meals + camp T-shirt: **\$175**

**AFTER MAY 26 DEADLINE**, COST GOES UP TO **\$200** with NO T-SHIRT

If you need more information, please call Clay Gilbreath, Director of Missions,  
at 901-476-6759 or email [clay@bighatchiebaptist.org](mailto:clay@bighatchiebaptist.org)

**Page two** –Counselor Application – counselor applications must be postmarked *by May 26*.

**each church is to send and/or sponsor 1 adult counselor for every 10 campers (minimum 1)**

**Page three** – Pastor's form for counselors – please mail w/ Counselor App.s *by May 26*.

**Page four** - Camper List – please send in with \$50 deposit per person *by May 26*.

**Page five** – Camper Application – must be completed and signed *by first day of camp*.

**Page six** – Daily Agenda **Page seven** – What to bring to camp **Page eight** – request to leave campus

# CAMP HATCHIE

## Counselor Application

*Each applicant is required to complete this form.*

**Please attach completed forms to Pastor's Form (pg. 3) and mail by May 26, 2020**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ e-mail: \_\_\_\_\_

Please describe the reason you want to be a camp counselor: \_\_\_\_\_

\_\_\_\_\_

Please give a brief description of your personal testimony: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(NOT required) Please list any "skills" you have that may help (ex. Nurse, guitar, etc.): \_\_\_\_\_

\_\_\_\_\_

(NOT required) Please list any experience you have working with teens: \_\_\_\_\_

\_\_\_\_\_

**References** – Please provide three references other than family members:

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you have, or have you had, any lifestyle, conduct, or activity which would project an image which could embarrass the Camp or the Association or impede either's credibility with member churches and/or the general public?  Yes  No If yes, explain \_\_\_\_\_

Do you currently use either of the following? Alcohol  Yes  No Illegal Drugs  Yes  No

Have you ever been accused or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?  Yes  No If yes, explain \_\_\_\_\_

Do you have any physical or mental health conditions or impairments that could limit your ability to serve as a camp counselor?  Yes  No If yes, explain \_\_\_\_\_

### Applicant Certification

The statements in this application are true, complete and correct. I hereby authorize Big Hatchie Baptist Association to conduct a personal background check. Camp Hatchie reserves the right to deny any and all applications. I understand that counselor interviews and/or training will be required prior to camp.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# CAMP HATCHIE

## Pastor's Form for Recommended Counselors

*Please attach to completed counselor applications (pg. 2).*

**Mail applications plus this form to:**

**Big Hatchie Baptist Association / P.O. Box 646 / Covington TN 38019**

***Must be postmarked by May 26, 2020.***

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_

Pastor Name \_\_\_\_\_

Pastor Phone Number(s) \_\_\_\_\_

### Recommended Counselors

Name \_\_\_\_\_

1. Member of my church for \_\_\_\_\_ years.
2. I have personally known him/her for \_\_\_\_\_ years.
3. Please list any questions or concerns about this candidate that should be considered before approval:

Name \_\_\_\_\_

1. Member of my church for \_\_\_\_\_ years.
2. I have personally known him/her for \_\_\_\_\_ years.
3. Please list any questions or concerns about this candidate that should be considered before approval:

Name \_\_\_\_\_

1. Member of my church for \_\_\_\_\_ years.
2. I have personally known him/her for \_\_\_\_\_ years.
3. Please list any questions or concerns about this candidate that should be considered before approval:

Name \_\_\_\_\_

1. Member of my church for \_\_\_\_\_ years.
2. I have personally known him/her for \_\_\_\_\_ years.
3. Please list any questions or concerns about this candidate that should be considered before approval:

Name \_\_\_\_\_

1. Member of my church for \_\_\_\_\_ years.
2. I have personally known him/her for \_\_\_\_\_ years.
3. Please list any questions or concerns about this candidate that should be considered before approval:

Name \_\_\_\_\_

1. Member of my church for \_\_\_\_\_ years.
2. I have personally known him/her for \_\_\_\_\_ years.
3. Please list any questions or concerns about this candidate that should be considered before approval:

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

# CAMP HATCHIE - Camper List

Mail this form plus \$50 deposit for each camper + counselor to:  
**Big Hatchie Baptist Association / P.O. Box 646 / Covington TN 38019**  
*Must be postmarked by May 26, 2020*

Church \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone number(s) \_\_\_\_\_

<u>Name</u>	<u>M/F</u>	<u>Age</u>	<u>Adult T-Shirt Size</u> <u>(S, M, L, XL, 2x)</u>	<u>Camper App</u> <u>received?</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____
16. _____	_____	_____	_____	_____
17. _____	_____	_____	_____	_____
18. _____	_____	_____	_____	_____
19. _____	_____	_____	_____	_____
20. _____	_____	_____	_____	_____

**TOTAL CAMPERS:** \_\_\_\_\_ x \$50 deposit = \$ \_\_\_\_\_

**Counselor Deposit** (send or sponsor at least 1 for every 10 campers) \_\_\_\_\_ x \$50 = \$ \_\_\_\_\_

**Total Deposits Enclosed** (balance of \$125 per person due 1<sup>st</sup> day of camp) = \$ \_\_\_\_\_

# CAMP HATCHIE

## Camper Application

Camper Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

same address as above, or

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone number(s) to contact parent or guardian (please provide as many as possible)

\_\_\_\_\_

Allergies \_\_\_\_\_

Medications currently taking \_\_\_\_\_

Other physical or mental conditions the camp needs to be aware of \_\_\_\_\_

\_\_\_\_\_

Special needs \_\_\_\_\_

\_\_\_\_\_

Other information you would like the camp to know about your child \_\_\_\_\_

\_\_\_\_\_

How well can camper swim?       Not at all       Moderately       Swims well

No cell-phones, electronic devices, computer systems or music players allowed. No offensive or inappropriate apparel will be allowed. Cameras *will be* allowed but subject to inspection at any time. Any items may be confiscated until the end of camp. No tobacco, vaping products, alcohol, or weapons of any type – possession of such may mean immediate expulsion from camp. Modest swimsuits required - t-shirts may be required while swimming. Campers must always remain in groups of 3 or more.

I hereby give Camp Hatchie permission for my child to participate in all activities at the camp, including competitions and physical activities unless noted above. Photos or videos of my child taken at camp may be used in publications and/or websites of the Big Hatchie Baptist Association & Camp Hatchie as well as any attending Churches.

By requesting that my child attend this camp, I agree that I waive all claims, demands, causes of action, and suits for personal injury, property damage, and other liability which may occur to my child named above while in attendance at this camp. If I am unable to be contacted, and my child requires medical attention, permission is hereby given to seek such medical attention as deemed necessary by camp leadership.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

# CAMP HATCHIE

## Rose of Sharon Campground

June 22 - 26, 2020

### Agenda:

Arrive Monday 1PM / Depart Friday 11AM

#### Monday

1:00 PM.....	Arrive / Check in Dorms
2:30 PM.....	Welcome / Share Team assignments
3:30 PM.....	Share Team meeting / Tour Campus
5:00 PM.....	Supper
7:00 PM.....	Worship
9:00 PM.....	Share Team
10:30 PM.....	In Dorms
Midnight .....	Lights Out

#### Tues / Wed / Thurs

7:15 AM.....	Devotional Time
7:45 AM.....	“The AM Show” in pavilion
8:00 AM.....	Breakfast
8:30 AM.....	Share Team
9:30 AM.....	Sports / Competition / Fun & Games
Noon.....	Lunch with Church Group
1:30 PM.....	Share Team
2:00 PM.....	Class 1
3:00 PM.....	Class 2
5:00 PM.....	Supper
7:00 PM.....	Worship
8:30 PM.....	Late Night
9:30 PM.....	Share Team
11:00 PM.....	In Dorms
Midnight .....	Lights Out

#### Friday

8:00 AM.....	Breakfast
9:00 AM.....	Share Team Skits
10:30 AM.....	Wrap Up

# **CAMP HATCHIE**

## **What TO Bring / What NOT to Bring**

*Please reproduce and give to each teen/parent*

### **What TO bring:**

“everything you would take camping”...

- bed linens or sleeping bag, pillow
- all toiletries – soap, shampoo etc.
- towels, wash cloths etc.
- Bible with pen or pencil
- money (concession stand will open daily – there may be t-shirts or other items for sale)
- 2 sets of clothes for each full day (Tues-Thurs), 1 for Friday  
(shorts & t-shirts during the day are fine - dress “a little” nicer for evening worship)

### **What NOT to bring:** (if any of these items are found, we will take them up until camp is over)

- cellphones (if students need to contact parents, counselors will have cellphones available)
- electronics of any kind
- Computer systems or digital players
- No tobacco, vaping products, alcohol, or weapons of any type
- no weights or exercise equipment
- offensive apparel, or inappropriate apparel

### **Other:**

- Cameras will be allowed but subject to inspection at any time
- swimsuits must be modest - t-shirts may be required while swimming
- Campers must always remain in groups of 3 or more
- Family are all invited to worship services at 7:00PM Monday - Thursday

Parents who need to contact their child, please call a counselor from your church,  
or one of the Camp Hatchie Directors:

### **BHBA Director of Missions:**

Clay Gilbreath,  
clay@bighatchie.com  
cell 901-481-3003

### **BHBA Youth Director:**

Cassi Yates,  
cwyates3@gmail.com  
cell 601-603-0205

### **Campground Information:**

Rose of Sharon Campground  
3065 Candy Lane  
Burlison, TN 38015  
(901) 837-7095  
(901) 837-2249

# CAMP HATCHIE

## Request to leave campus

We understand that certain situations may require a student to be picked up from camp and returned at a later time. Although this should be rare and only when there is no alternative, examples could include a doctor's appointment or a school commitment/assignment. Being entrusted with your students means that we must know where they are at all times, and we also must have written approval by the parent/guardian to release them from camp. Please complete this form with as much detail as possible.

Student Name: \_\_\_\_\_

Reason leaving campus: \_\_\_\_\_

Day(s) and time(s) student will leave campus / return to campus:

Leave:		Return:	
day	time	day	time
_____	_____	_____	_____
_____	_____	_____	_____

Responsible party:

Student will drive his/her own vehicle

Student will be picked up by: \_\_\_\_\_  
name relationship to student

Student will be returned by: \_\_\_\_\_  
name relationship to student

The student **MUST** be checked out and back in with one of the Camp Directors.

Signature of Parent or Guardian:

\_\_\_\_\_  
Signature Date

-----  
Camp use only:

left: \_\_\_\_\_ returned: \_\_\_\_\_  
day and time day and time

responsible party signature: responsible party signature:  
\_\_\_\_\_  
\_\_\_\_\_

left: \_\_\_\_\_ returned: \_\_\_\_\_  
day and time day and time

responsible party signature: responsible party signature:  
\_\_\_\_\_  
\_\_\_\_\_