

# ABOUT CAMP DISCOVERY

Each summer since 2003, First United Methodist Church of Salisbury has offered a weeklong camp to rising 4th - 5th graders in the Rowan-Salisbury School System. The camp takes place at Mt. Shepherd Retreat Center near Asheboro, NC. It is a week where children are partnered with a mentor who will spend the week focused on your child and encouraging them to believe in themselves, to try new things and participate in group activities.

## AGE & COST

This is an opportunity only available to children in rising 4th and 5th grade. There is no cost to families to participate.

### This free week includes:

- Transportation to and from camp
- Lodging in cabins
- All meals and snacks
- Camp shirt and Bible
- Bible study, activities, and more

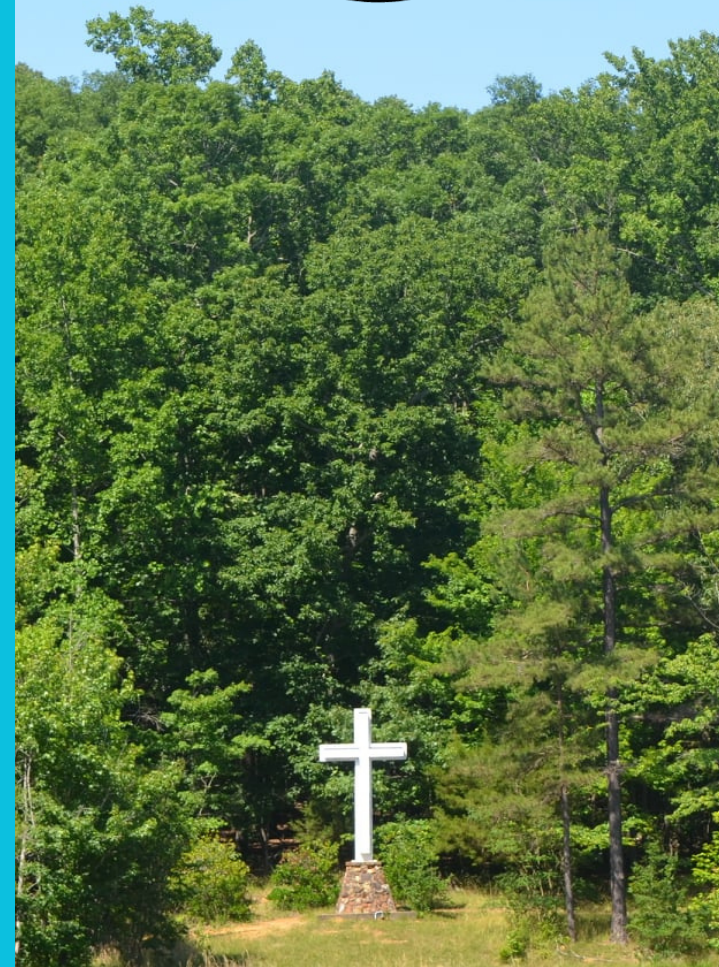


## CONTACT US

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217 South Church Street  
Salisbury, NC 28144  
Application Questions - (704) 213-4261



@CampDiscoveryFUMC



# JUNE 9 - 14, 2024





## CONGRATULATIONS!

Your child has been selected as a potential camper at Camp Discovery for this summer. Please return the attached application portion of this form so that we may contact you to schedule an interview. There are 18 spots available representing several area schools. Not all children will be able to participate, so please include why you would like them to attend Camp Discovery.

## APPLICATIONS DUE

This application is due back to your school counselor by March 8. Applications will be reviewed on a first come, first serve basis to fill our camp. Campers selected for Camp Discovery will be notified by April 5.

## OTHER REQUIREMENTS

To attend our camp, we do require a copy of your insurance or Medicaid card and our camper health sheet. If selected, you are required to provide this at our camp meeting on Sunday, May 5.

# CAMP DISCOVERY APPLICATION – JUNE 9–14, 2024

(RETURN BY FRIDAY, MARCH 8 TO YOUR SCHOOL COUNSELOR)

Child's Name: \_\_\_\_\_

Please Circle: Male    Female

Child's T-Shirt Size: Youth \_\_\_\_\_ or Adult \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: (Present) \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Grade: (Present) \_\_\_\_\_

Who Referred You to Camp? \_\_\_\_\_

Home Church: (If Any) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Cell: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: (If Different) \_\_\_\_\_

Has a family member attended Camp Discovery?    Yes                  No

If Yes, Please Print Name: \_\_\_\_\_

**Please state why you would like for your child to attend Camp Discovery?**  
(Use Additional Paper If Needed)

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Parent/Guardian Signature: \_\_\_\_\_

*"I can do all things through Christ who strengthens me." – Philippians 4:13*