

Wednesday, August 10, 2011



Dear Spearhead Family,

Hello from the Camp Spearhead office. We hope you are enjoying the end of summer!

We have a great schedule of activities planned for this fall with some old-time favorites and a few brand new events thrown in. Whether you are a veteran of the Weekend Program or a first timer we are happy you are planning to be with us. One particular program we hope you, your family and friends join us for is our Spearhead Outdoor Movie Night at Camp. Please make sure to see the insert below for more details about this event. That same weekend will also be our first ever Fall Family Camp, which is open to all campers and their families. Spots are limited—please see included registration form for details.

You'll find everything you need for registering in this packet. Please be careful to fill out everything completely. **We cannot process incomplete registrations.** Once we have received your completed forms and processed them we will send you a confirmation showing which activities your camper has been enrolled into. On the back of this letter (or underneath if you are downloading off the website) you will find the full schedule and some details of each activity.

Spaces filled quickly for programs this past spring season and we strive to serve as many campers as possible. We desire that no space go unused. If you register for an activity, but are not able to participate PLEASE call and let us know. The space you open up may allow another camper to attend. Please see the refund/cancellation policy on page one of the registration packet.

Please note our drop off / pickup location for most activities is at the BJES (Bob Jones Elementary School) Primary Center at 1450 Wade Hampton Blvd with the exception of Spearhead Outdoor Movie Night at Camp on Friday, Sept. 30th and the Holiday Retreat on Dec. 3-4th these activities drop off/pickup will be at Camp Spearhead located in Pleasant Ridge County Park.

If you have any questions please do not hesitate to call us at 288-6470 ext. 2202. We look forward to seeing you soon!

Sincerely,

Ashley Murray

Therapeutics Coordinator
288-6470 ext. 2202 (office)

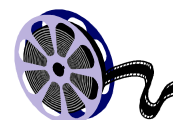
Join us for the Spearhead Outdoor Movie Night at Camp!

Join us in watching the classic "Singin' in the Rain"! Camp Spearhead will be hosting an Outdoor Movie Night on Friday, Sept. 30th at Pleasant Ridge Camp and Retreat Center (Home of Camp Spearhead). Gates will open at 7:00 pm with the movie beginning at dark. Tickets for the movie will be \$2 per person and maybe purchased in advance. Concessions will be available for purchase.

Please note that during this event Family/Guardians are responsible for care of campers. Volunteers will not be provided for camper care during this event.



We hope you can join us!
Camp Spearhead staff



2011 Fall Weekend Program Schedule

Sept. 17	Pizza and Bowling Starting out with a weekend program favorite-One Meal This activity will go on rain or shine.	11:00 am – 3:00 pm	\$30	Payment due 9/12
Sept. 24	Apple Picking at Stepp's Orchard Join us in welcoming fall with apple picking-One Meal This activity is weather dependant.	10:30 am-3:30 pm	\$30	Payment due 9/19
Sept. 30 (Fri.)	***Family and Friends Outdoor Movie Bring your Family, Friends, lawn chairs, and blankets! We will be watching the classic Singin' in the Rain! This activity is weather dependant.	Gates Open at 7pm	\$2 per person	Payment due 9/26
Sept. 30-Oct. 2	Camp Spearhead Family Weekend Camp	<i>please see flyer for more details</i>		
Oct. 8	Furman Football Game Join us in cheering the Furman Paladins to victory-One Meal This activity will go rain or shine. If the Football Game is canceled due to weather we will still be going to Furman University for a college day. The activity time will be changed to 12:00 pm to 4:00 pm.	12:00 pm-6:00 pm	\$30	Payment due 10/3
Oct. 15	Wild West Day The Wild West has come to Camp Spearhead-One Meal This activity is weather dependant.	10:30 am-3:30 pm	\$30	Payment due 10/10
Oct. 22	OFF			
Oct. 29	Spook-tacular Come and join us for our Spook-tacular Halloween celebration-One Meal This activity will go on rain or shine. Don't forget your costumes!	10:30 am-3:30 pm	\$30	Payment due 10/24
Nov. 5	Roadwarrior's Hockey Game Come check out Greenville's own hockey team-No Meal This activity will go on rain or shine.	6:00 pm-10:30 pm	\$35	Payment due 10/31
Nov. 12	Stone Mountain A late fall visit to Stone Mountain – Two Meals This activity is weather dependant.	9:00 am to 11:00 pm	\$95	Payment due 11/7
Nov. 19	OFF			
Nov. 26	OFF			
Dec. 3-4	***Holiday Retreat Join us at camp for fun and celebrate the upcoming Holiday season! Dinner on Saturday, Breakfast and Lunch on Sunday will be served. This activity will go on rain or shine.	1 pm Sat. to 1 pm Sun.	\$75	Payment due 11/28
Dec. 10	Breakfast and Bowling Join us for a favorite!-One Meal This activity will go on rain or shine.	11:00 am – 3:00 pm	\$30	Payment due 12/5

****Participants need to be dropped off at Camp Spearhead for this weekend program activity.*

All activities (*except those noted) begin and end at Bob Jones Elementary School's Primary Center
1450 Wade Hampton Blvd. in Greenville.**



THE WEEKEND PROGRAM FALL 2011 REGISTRATION FORM

1. CAMPER/PARTICIPANT INFORMATION

Camper Name _____

Street Address _____ City/State/Zip _____

Phone Numbers (H) _____ (C) _____ (Other) _____

Email _____ Date of Birth _____ Circle One: M F

Parent's/Guardian's Full Name _____

Mailing address for program information (if different then camper address) _____

IF CAMPER RESIDES IN DSN RESIDENCE—COMPLETE BELOW

Name of Residence _____ Name of Residence Director _____

Address of Residence _____ Phone Number of Residence _____

2. EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)

Name _____ Relationship to Camper _____

Phone Numbers (H) _____ (C) _____

3. PAYMENT INFORMATION (PLEASE MARK YOUR METHOD OF PAYMENT)

- I will pay separately for each activity by mailing or bringing payment to the Recreation District administrative office. **Payment must be received by 5:00 pm on the Payment Due dates listed to secure enrollment.**
- I am paying in full for each activity chosen with the enclosed check.
- Please charge my credit card the full amount.
- Please charge my credit card on the appropriate date listed for each chosen activity. ** Credit cards will be charged on the Payment Due dates listed. **Once the credit card is charged there are no refunds.***

CREDIT/DEBIT CARD AUTHORIZATION (COMPLETE ONLY IF PAYING BY CREDIT/DEBIT CARD)

Name as it appears on card _____

Card Number _____ Expiration Date _____

Security code (3 digits on back of card) _____ Circle One: Visa Mastercard

I give GCRD permission to deduct activity fees from this credit/debit card.

(Signature)

(Date)

4. REFUND POLICY (PLEASE INITIAL BELOW STATEMENT)

If I cancel an event 5 days or more prior to the day of event, I will receive a full refund less \$5.00 processing fee. If I cancel less than 5 days prior to day of event or I do not attend, I will receive no refund. I have read and understand this refund policy.

Please Initial _____

7. MEDICATIONS INFORMATION

Whenever possible, we ask that all medications be administered at home either before or after an event. This may not always be possible. In the event that it is necessary to administer medication during an activity, we ask that you bring only the prescription pills needed. Please label the container with the name of the medication, the camper's name and when the medication should be administered. Medication should be given to a Weekend Program staff member during drop-off.

Please list ALL medications that the camper is currently taking. Though these medications may not be administered during an activity, this information is necessary in the event of a medical emergency.

Name of Medication		Name of Medication	
Dosage		Dosage	
Times Given		Times Given	
Reason for Giving		Reason for Giving	
Name of Medication		Name of Medication	
Dosage		Dosage	
Times Given		Times Given	
Reason for Giving		Reason for Giving	
Name of Medication		Name of Medication	
Dosage		Dosage	
Times Given		Times Given	
Reason for Giving		Reason for Giving	
Name of Medication		Name of Medication	
Dosage		Dosage	
Times Given		Times Given	
Reason for Giving		Reason for Giving	

If additional space is needed, please attach an additional sheet.

8. MEDICATIONS RELEASE

I hereby authorize the staff of the Weekend Program to administer all medications listed above and any medications I bring to an activity.

(Signature)

(Date)

CAMPER'S NAME _____

9. PROGRAM SELECTION

Please (√) the events you would like to attend. Enrollment in activities depends upon space available when completed registration is received. Confirmations will be sent to you.

Activity Date	Time	Activity	Fee	√	Payment Due
Sat. Sept. 17	11:00am-3:00pm	Pizza and Bowling Meal Included	\$30		Mon. Sept. 12
Sat. Sept. 24	10:30am-3:30pm	Apple Picking at Stepps Meal Included	\$30		Mon. Sept. 19
Fri. Sept. 30	7pm-???	Spearhead Outdoor Movie Night Concession available for purchase	\$2 per person	_____ # of tickets	Mon. Sept. 26
Sat. Oct. 8	12:00pm-6:00pm	Furman Football Game Meal Included	\$30		Mon. Oct. 3
Sat. Oct. 15	10:30pm-3:30pm	Wild West Day at Camp Meal Included	\$30		Mon. Oct. 10
Sat. Oct. 22	NO ACTIVITY	NO ACTIVITY			
Sat. Oct. 29	10:30 am-3:30pm	Spook-tacular Meal Included	\$30		Mon. Oct. 24
Sat. Nov. 5	6:00pm-10:30pm	Roadwarrior's Hockey Game	\$35		Mon. Oct. 31
Sat. Nov. 12	9:00am-11:00pm	Stone Mountain 2 Meals Included	\$95		Mon. Nov. 7
Sat. Nov. 19	NO ACTIVITY	NO ACTIVITY			
Sat. Nov. 26	NO ACTIVITY	NO ACTIVITY			
Sat. Dec. 3- Sun. Dec. 4	Sat. 1:00pm- Sun. 1:00pm	Holiday Retreat at Camp 3 Meals Included (No lunch on Dec. 3)	\$75		Mon. Nov. 28
Sat. Dec. 10	11:00am-3:00pm	Breakfast and Bowling Meal Included	\$30		Mon. Dec. 5

TOTAL COST- _____

REMINDERS

- The staff of GCRD and the Weekend Program will do their best to accommodate your requests. Enrollment in activities depends upon space available at time of receiving completed registration.
- Confirmation will be sent to the address that you marked as wanting correspondence sent to. If you would like it sent to a different address- please make a note.
- Please note that payment is due NO LATER than 5pm the Monday before an event.
- Please make checks payable to GCRD.
- Payments may be mailed to or brought by the Greenville County Recreation District administrative office at 4806 Old Spartanburg Rd. Taylors, SC 29687.

<p>For Office Use Only:</p> <p>Date Received: _____</p> <p>Confirmation Sent: _____</p> <p>Initials: _____</p>	<p>INCOMPLETE FORMS CANNOT BE PROCESSED AND WILL BE RETURNED.</p>	<p>REFUND POLICY</p> <ul style="list-style-type: none"> • Cancellation 5 days or more prior to day of event- full refund less \$5.00 processing fee. • Cancellation less than 5 days prior to day of event or not attending event- no refunds.
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CAMP SPEARHEAD WEEKEND PROGRAM FALL 2011

WAIVER AND RELEASE FORM

Please read carefully.

I, _____ the Parent/Guardian of _____ (Camper's Name) give my permission for him/her to attend the Camp Spearhead Weekend Program, sponsored by the Greenville County Recreation District. I understand activities may include participation in hayrides, challenge course, boating, horseback riding, and travel to and from activities, which can result in bodily injury. I _____ (Parent/Guardian) hereby release and hold harmless the Greenville County Recreation District, it's agents and employees from any liability from any injury or damages resulting from _____ (Camper's Name) attending the Camp Spearhead Weekend Program. I understand photographs and videos of participation may be taken during activities and I give permission for the Greenville County Recreation District/Camp Spearhead to use those photographs and videos in publicity materials.

I have read and completed this application and I give permission for _____ to attend the Weekend Program. I understand that I am responsible for all costs and fees. I understand that the participant is not considered registered until payment is received. I have read and I understand the Weekend Program's refund policy located on page 1 of the registration.

I give permission for the above named participant to receive appropriate treatment and medication in the event of a medical emergency

Signature of Parent/Guardian

Date

Greenville County Recreation District

4806 Old Spartanburg Road * Taylors, SC * 29687 * Tel: 864.288.6470 * Fax: 864.288.6499

CAMP SPEARHEAD Fall Family Camp

Join us for a fun weekend at camp! You and your family are invited to spend a weekend at Beautiful Camp Spearhead. This year's fall family camp will take place on Friday, Sept. 30 to Sunday, Oct. 2. We hope you will join us.

Meals and Lodging

Each family will be lodged in shared cabins with other families. Each cabin has bedrooms and bathrooms with locking doors and a shared living room. Meals will be served in our dining hall and an evening snack will be provided each night.

Activities

Archery, Slingshots, Arts & Crafts, Challenge Course, Evening Program, and much more

Location

Camp Spearhead
Pleasant Ridge Camp and Retreat Center
4232 Hwy. 11
Marietta, SC 29661

Questions? Please contact Ashley Murray at 864-991-2417 or amurray@gcrd.org

Cost

\$135 for a family of 3 and \$40 for each additional person.

Sample Schedule

Friday, Sept. 30:

5:00 Arrival
6:00 Dinner
7:00 Outdoor Movie Night

Saturday, Oct. 1:

8:00 Breakfast
9:00 Activities
12:30 Lunch
1:30 Activities
5:30 Dinner
7:00 Evening Program

Sunday, Oct. 2:

8:00 Breakfast
9:00 Chapel/Reflection
Departure

Registration

CAMPER NAME _____

ADDRESS _____

PHONE AND EMAIL ADDRESS _____

WHO WILL BECOMING (NAME AND AGES): _____

METHOD OF PAYMENT

PLEASE CIRCLE ONE:

Check

Cash

Visa

Mastercard

CREDIT CARD # _____ EXP. DATE _____ CVV _____

SIGNATURE _____

OTHER FAMILIES YOU WOULD LIKE TO LODGE WITH: _____

ANY LODGING OR DIETARY NEEDS: _____

PLEASE MAIL OR RETURN YOUR REGISTRATION FORM TO 4806 OLD SPARTANBURG ROAD, TAYLORS, SC 29687