



Interim Director Allen Bacon
www.totheriveroflife.com
secretary.riveroflifecamp@gmail.com

1145 Route 14
Irasburg, VT 05845
802-754-9600
FAX 802-754-9600

“Partnering with you to reach New England for Christ”

Summer 2008

Dear Parents,

We want to thank you for choosing to send your young person to River of Life Camp this summer. We are looking forward to serving you and your children. Enclosed you will find the information you need to make your child's camp experience enjoyable and your own registration process smooth. Those items include ...

- What to (and not to) bring to camp
- Directions to camp
- Registration guidelines and times
- Closing Program for 7-9 and 10-12 camps (Friday)
- Pickup times

Please remember that the **Medical Release Form** must be completed by the parent or legal guardian for each child. The medical release form must be present at registration. If you choose to mail or FAX it, make sure that it is mailed at least two weeks in advance of your child's first day of camp. Our FAX number is 802-754-9600. If we do not have this completed form, we cannot register your child for camp.

Please read the information in this packet carefully. It will help you avoid unnecessary inconveniences and delays. **Also, please note the change in registration times.**

Once again, thank you for choosing River of Life. We hope that this will be the first of many enjoyable years for you and your children at River of Life!

In Christ,

Allen Bacon
Interim Director
River of Life