

# P.E.A.C.E Ministries

## Summer Camp 2017 Registration Form

EVENT NUMBER	GROUP NAME	DATES

**CAMPER INFORMATION: please PRINT and use a separate form for each camper.**

Camper's last name \_\_\_\_\_ First name \_\_\_\_\_ Likes to be called \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_ Zip \_\_\_\_\_ Home telephone ( ) \_\_\_\_\_ Parent Email \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Grade completed by June 2017 \_\_\_\_\_ T-shirt size \_\_\_\_\_

Church Name and Town \_\_\_\_\_

Name of Father/Guardian (circle) \_\_\_\_\_ Home tel. ( ) \_\_\_\_\_ Work tel. ( ) \_\_\_\_\_ ext. \_\_\_\_\_

Name of Mother/Guardian (circle) \_\_\_\_\_ Home tel. ( ) \_\_\_\_\_ Work tel. ( ) \_\_\_\_\_ ext. \_\_\_\_\_

**CAMPER PROFILE**

Who do you live with? (example: Mom, brother, Grandparent) \_\_\_\_\_

Has/does the camper:

1. Ever been diagnosed with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?  Yes  No

2. Ever been treated for emotional/behavioral difficulties, self-harm or an eating disorder?  Yes  No

3. Ever have need for an aide at school?  Yes  No

4. Speak a primary language other than English?  Yes  No

**Explain "Yes" answers** in the space below, noting the number of each question requiring a response. Attach additional pages or contact the camp to provide additional information if needed.

Provide any additional information about the camper's behavior or physical, mental, emotional, and social health that you think important or that may affect the camper's ability to participate successfully in the camp program (shyness, fears, etc.). List any strategies used to manage the concern or enhance the camper's ability.

Are there any visitation restrictions of which the camp must be aware? Yes \_\_\_ No \_\_\_ If Yes, please specify:

\_\_\_\_\_  
If such a restriction exists, a copy of the current court order must be on file at camp. Every camper, regardless of family issues or disputes, must be safeguarded when in our care. Without legal documentation, we cannot enforce any instructions with regard to parental custody/visitation.

**SIGNATURES**

- I give my permission for the above named camper to attend the above listed summer camp event with the Eastern PA Conference-UMC/Carson Simpson Farm. I understand that part of the camping experience involves activities, arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free, and so I have instructed my child on the importance of abiding by the camp's rules.
- Upon signing, permission has been granted to Carson Simpson Farm to use photos and video images of the camper for publicity purposes. This could include, but is not limited to brochures, flyers, DVDs, newspapers, publications of Am. Camping Assoc., CCCA and UM Church, and use on the camp website and social media pages. If you do not agree to this, you must make your request known in writing at the time of registration.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

*(Only parents or legal guardians of camper may sign)*

Continued on page 2

**2016-2017 Scholarship Guidelines – Carson Simpson Farm Christian Camp**

1. If your household meets this criteria continue. If not check here

HOUSEHOLD SIZE	ANNUAL EARNING	MONTHLY EARNINGS	WEEKLY EARNINGS
1	\$21,978	\$1,832	\$423
2	\$29,537	\$2,470	\$570
3	\$37,296	\$3,108	\$718
4	\$44,955	\$3,747	\$865
5	\$52,614	\$4,385	\$1,012
6	\$60,273	\$5,023	\$1,160
7	\$67,951	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455

For each additional household member add: \$7,696 per year, \$642 per month, \$148 per week.

**2. Is this a FOSTER CHILD? If this is a foster child, check here [ ] and write the child's monthly personal use income here: \$\_\_\_\_\_.** Go to section #5.

**3. OTHER BENEFITS: Are you getting FOOD STAMPS or TANF? List the CASE NUMBER. DO NOT complete section #4. Go to section #5.**  
 Food stamp case number: \_\_\_\_\_ TANF case number: \_\_\_\_\_

**4. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete sections #2 or #3) List all household members, including the child listed above. List all income. Go to section #5.**

Names	Current Monthly Income			
	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or Any Other Monthly Income
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$

**5. SIGNATURE**

*I certify that all of the above information is true and correct and that the food stamp or TANF case number is current and correct, or that all income is reported.*

**Signature of Adult:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**PLEASE REPORT ALL INCOME LISTED BELOW**

**Earnings from work**

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned Business, day care business or farm

**Pensions/Retirement/Social Security**

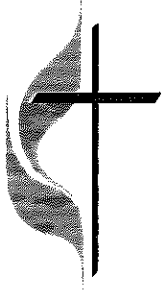
- Pensions
- Supplemental Security Income
- Retirement income
- Veteran's payments
- Social Security

**Other Monthly Income/Self-employment**

- Disability benefits
- Cash withdrawn from savings
- Interest/dividends
- Income from estates/trusts/investments
- Regular contributions from persons not living in the household
- Net royalties/annuities/net rental income
- Military allowance for off-base housing
- Any other income

**Welfare/Child Support/Alimony**

- Public assistance payments
- Welfare payments
- Alimony/child support payments



**Mid-Town Parish United Methodist Church**  
P.O. Box 3415, Phila., PA 19122  
Physical Address: 700-18 West Norris Street

Rev. Eric W. Carr Jr, Pastor

Website: [www.midtownparish.org](http://www.midtownparish.org) Email: [midtownparish@yahoo.com](mailto:midtownparish@yahoo.com)

Parent's Permission

\_\_\_\_\_ will be traveling in the church van and participating in the MID-TOWN PARISH UNITED METHODIST CHURCH trip to

\_\_\_\_\_ on \_\_\_\_\_.

I understand that the Program is under organized supervision and no imprudent risks will be taken; assured of this, I agree that in case of loss or injury, I will not hold the MID-TOWN PARISH UNITED METHODIST CHURCH or any person connected with the program liable.

If emergency medical attention should be required, I authorize the supervisor to procure it and agree to hold him/her and the physician blameless from any charge of malpractice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

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

\_\_\_\_\_  
Signature of Parent/Guardian

Please Do Not Mail. Bring With You To Camp.

## CAMPER HEALTH HISTORY FORM

<b>For Camp Use Only</b>	
Program: _____	_____
Housing: _____	_____
Counselor: _____	_____
Medication: Yes or No	

(PLEASE PRINT OR TYPE)

CAMPER'S NAME: \_\_\_\_\_ Name Preferred: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: M F Current Grade completed: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Parent/Guardian Work Phone: Mother: (\_\_\_\_) \_\_\_\_\_ Father: (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: Mother cell: (\_\_\_\_) \_\_\_\_\_ Father cell: (\_\_\_\_) \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY** (indicate, by number, the order desired: 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>)

- ( ) Parent/ Guardian named above
- ( ) \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
- ( ) \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
(Please Print)

Family Medical/Hospitalization Insurance: \_\_\_\_\_  
 Policy ID #: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

**ILLNESSES AND INJURIES:** Has the camper ever had any of the following illnesses or diseases? Please check those that apply.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Bleeding/Clotting Disorder	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Convulsions/Seizures
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Hypertension	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> HIV	<input type="checkbox"/> Frequent Sore Throats	<input type="checkbox"/> Heart Disease/Defect	<input type="checkbox"/> Sickle Cell Disease
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Frequent Upper Respiratory Infections	
<input type="checkbox"/> Other (Specify) _____			

**DATE OF CAMPER'S LAST HEALTH EXAM WITHIN THE PAST 24 MONTHS** \_\_\_\_/\_\_\_\_/\_\_\_\_

Were any problems noted at that time? \_\_\_\_\_

Is camper currently under a physician's care for a medical problem? No / Yes (describe) \_\_\_\_\_

**Since camper's last health exam, has he/she had:**

- A serious injury requiring medical attention? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ What? \_\_\_\_\_
- A surgical operation or fracture? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ What? \_\_\_\_\_
- A diagnosed infectious/communicable disease? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Disease: \_\_\_\_\_
- Medication prescribed by a physician? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ What? \_\_\_\_\_
- A physician's restriction from participating in any school/camp physical activity? \_\_\_\_\_

**NOTE:** A written statement from the camper's physician may be needed in order for your child to participate in strenuous camp activities such as swimming, boating, hiking, challenge course, or sports if you checked any of the above questions.

**ALLERGIES (Please check those that apply.)**

Animals                       Seasonal/Environmental                       Foods (Specify) \_\_\_\_\_  
 Medications                       Insect Stings                       Plants (Poison Ivy, etc)     Other (Specify) \_\_\_\_\_

Please explain what happens when they are exposed to any checked above:

\_\_\_\_\_

List treatments to any checked above.

**IMMUNIZATIONS**

Are all immunizations up to date? Yes / No (if no, describe) \_\_\_\_\_

Date of last Tetanus Shot (DTaP, dT or TdaP) **MUST** be listed here \_\_\_\_/\_\_\_\_/\_\_\_\_

**OTHER HEALTH CONDITIONS (Check those that apply)**

Athlete's Foot                       Bed Wetting                       Constipation                       Ear Tubes (How protected)  
 Emotional Problems                       Fainting                       Hearing Impairment                       Homesickness  
 Menstrual Cramps                       Motion Sickness                       Nosebleeds                       Ringworm  
 Sleepwalking                       Stomach Upsets                       Wears Glasses/Contacts                       Special Dietary Regimen

Please explain any of above checked items or other conditions requiring medication, treatment or special restrictions or conditions while at camp.

**CAMPER MEDICATIONS**

**Please complete 'Authorization For Medication Administration' form for ALL medications brought from home. ALL camper medications brought from home will be checked by the Camp Health Supervisor upon arrival.**

The Health Care Supervisor will insure that medications are administered in accordance with physician's instructions. For these purposes, **Medication** is broadly defined to include prescription and non-prescription medications, home remedies, vitamins, inhalers, drops, and medicated creams.

**Medications brought from home will NOT be given without a complete Authorization Form**

- Limited types of common over-the-counter medications for treatment of pain, allergy, insect bites, and gastrointestinal upset will be administered by the health care provider as per our Doctor's standing orders. We ask your full cooperation in this matter so that every camper's health and well being can be properly safeguarded.

**\*\*IMPORTANT - THIS BOX MUST BE COMPLETED FOR ATTENDANCE\*\***

**CERTIFICATION AND AUTHORIZATION**

I certify that the information provided on this Camper Health History Form is, to the best of my knowledge, complete and accurate. I know of no reason(s), other than the information indicated on this form, why my son/daughter should not participate in all camp activities. I take full responsibility for any medical problems (illness/injury) that occur as a result of my failure to disclose medical condition, restrictions, or limitations of my child. I understand the State of Pennsylvania requirement that a Health Care Supervisor examine all campers on the day of registration, and give my permission for the conduct of such an examination.

My son/daughter \_\_\_\_\_ has permission to participate in the activities associated with the summer camping program of Gretna Glen Camp. Additionally, I hereby give permission to the medical personnel selected by the Director to provide routine health care; to administer medications including those listed on the Authorization for Medication Administration form and common over-the-counter medications; to order X-rays, routine tests, and treatment; to release any records necessary for insurance purposes (this completed form may be photocopied for trips out of camp); and to provide or arrange necessary related transportation for my child in the event of an illness or emergency. In such an event, the Director, or designee, is authorized to act in my behalf in securing medical treatment, including hospitalization, for my child named above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Gretna Glen Camp is in compliance with the Health Insurance Portability and Accountability Act of 1996(HIPAA).

**FOR CAMP USE ONLY-ON-SITE HEALTH EXAMINATION**

General Health Condition: Poor, Good, Excellent: \_\_\_\_\_

Authorization for Medication Administration Form? Yes No Complete Incomplete Notes: \_\_\_\_\_

Illness experienced or exposed to during preceding 30 days (fever 103°, vomiting, altercation, communicable disease, etc.): \_\_\_\_\_

Recommendations and restrictions (activity, diet, etc.): \_\_\_\_\_

Counselor advised of any above conditions: \_\_\_\_\_

Signature of Camp Health Supervisor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**AUTHORIZATION FOR MEDICATION ADMINISTRATION**

**Gretna Glen Camp & Retreat Center**

Questions Call: 717-273-6525 Fax: 717-273-6045

Due to legal policies that govern healthcare at camps, all medications that are not listed under the Gretna Glen Medication List below, whether prescribed or over the counter must have a doctor/health care providers signature on this document for our healthcare team to dispense to your child.

Gretna Glen may dispense this list of medications to your child with your permission from the signed **Camper Health History Form**. This **Authorization for Medication Administration Form** is only needed for medications you are bringing with you for your child. All Medications **MUST** be in their original container and this form must be signed by a healthcare professional.

Our health care office has inventory of the following medications: Acetaminophen(Tylenol), Ibuprofen(advil, motrin), diphenhydramine antihistamine/allergy medicine (Benadryl), Tums, non-sedating Antihistamine/allergy medicine loratidine (Claritin), laxatives for constipation (Milk of Magnesia), Sore throat spray, calamine lotion, cough drops, antibiotic cream, aloe or burn gel, bismuth subsalicylate/loperamide for diarrhea (Pepto Bismol, Imodium), Antacids (Tums), hydrocortisone cream 1% (You do not need to bring these medications, nor have this formed signed for us to give them to your child.)

Child's Full Name \_\_\_\_\_

Reason for Medication(s) \_\_\_\_\_

**PHYSICIAN CERTIFICATION** - I certify that the medication listed below are to be taken during this child's camp week and are medically necessary. This includes prescribed and over the counter medications.

(Health Care Provider Name) \_\_\_\_\_ (Health Care Provider Signature) \_\_\_\_\_ (Phone) \_\_\_\_\_ (Date) \_\_\_\_\_

Medication Name(s) / Dosage(s)	Time(s) : B-Breakfast, L-Lunch, D-Dinner, HS-Bedtime
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other _____

**PARENT/GAURDIAN AUTHORIZATION**

I, \_\_\_\_\_ give my consent to the Health Care  
(Name of Parent/Guardian)

Staff to administer the above medication(s) to my child/camper \_\_\_\_\_  
(Name of Camper)

during their time at Gretna Glen from \_\_\_\_\_ through \_\_\_\_\_  
(Starting Date) (Closing Date)

(Signature of Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION COMPLETED BY HEALTH CARE STAFF ONLY**

- Permission form completed       Safety type container       Original prescription label       Name of child is on label
- Date on label is current       OTC, original container and current       Name of drug, dose, & frequency of admin on label
- Inhaler and/or Epi-Pen w/ camper (either with individual or counselor)

(Health Care Staff Approval) \_\_\_\_\_

# Gretna Glen Camp

## Things to Know Before You Come

# 2017

**Thank You!** You are now registered for a Gretna Glen Summer Camp Event.

Please carefully read ALL of the following information to help you prepare for camp.

### Packing List:

#### What to Bring

- Completed Registration Forms:
  - 1. Camper Health History Form
  - 2. Authorization for Medication Administration Form & Meds
  - 3. Parent/Guardian Camper Release Form
  - 4. Store Money
- +Any Trip Envelopes
- Sleeping bag or sheets & blankets
- Pillow & pajamas
- Towel, washcloth, soap, shampoo
- Toothbrush & toothpaste
- Backpack/shower bag
- Insect repellent & Sun Screen
- Water Bottle with camper's name
- Clothing for each day of camp
- Sweatshirt or jacket
- Modest swimwear (no bikinis) & towel
- Rain gear
- Bible, notebook, pen or pencil
- Flashlight, batteries
- Sturdy closed toe, closed heel shoes  
(Sandals are only allowed at the shower house and pool area)
- Extra shoes to get wet & muddy  
(no sandals)

#### Please Do Not Bring

- **Electronic equipment of any kind: No MP3's, cell phones, PSP's, iPods, etc.**
- Food or Snacks: all food and snacks will be provided. Campers are not allowed to have food in sleeping areas!
- Pocket knives, Lighters, Tobacco products, Alcohol etc.

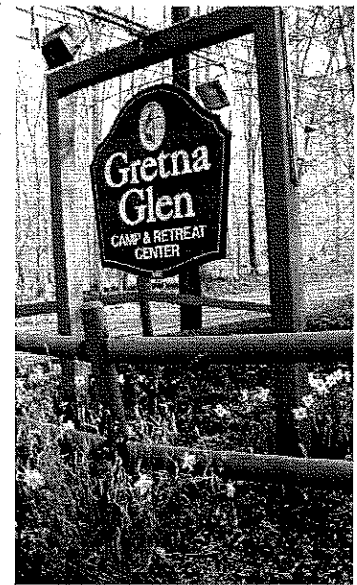
If found, these items will be confiscated and returned to an adult at checkout.



### Getting to Camp:

Gretna Glen is located in Lebanon County near Mount Gretna. From Route 72 North or South **OR** Route 322 East or West:

- Take the **Mt. Gretna Exit** (PA Route 117).
- At the stop sign, turn **Left on Route 117**.
- Take the **first Right on Old Mine Rd.** (very soon!).
- Go under an old railroad bridge and travel about ½ mile to camp **entrance on Right**.



### When you turn into camp:

- Please proceed up the hill, past the barn on your left, and back down the hill to the office.
- At the office, a happy, smiling staff member will greet you and give you the next steps to the registration process.

### When you arrive:

**Registration** begins on Sunday at 3:00 p.m. and ends at 4:00pm.

- Please follow the instructions of the greeters upon arrival, who will direct you to your luggage drop-off and Registration area.
- After dropping off your luggage, please bring your **camper, forms, and any medications** to your designated Registration area.
- After Registration, you may help your camper(s) move into their housing.
- Please allow for 30 minutes to an hour for the entire registration process.

### Tips for Packing

- Put clear identification on each item including all luggage and bedding/sleeping bags.
- Please secure pillows with the camper's sleeping bag, or put them in a plastic bag labeled with the camper's name.
- Try to consolidate and avoid loose items.
- Pack a bag that can be used to carry items to the shower house or pool area.



# Gretna Glen Camp Things to Know

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## While at camp:

### Photos

Campers attending a resident camping event will receive an 8x10 group photo. Cost of the photo is included in the registration fee. Photos will be ready to be picked up at checkout.

We will use a digital camera to take pictures of the campers in action throughout the week. During registration we will let you know how to access them online during your camper's week of camp.

### Camp Store

The camp store will be open daily, including during registration and checkout, for campers to make purchases. Parents are encouraged to assist their camper when making clothing purchases. Cash, checks, or credit cards may be used to make purchases.

Since we have made the move to digital paperwork, you will not be sent the Store Envelope in the mail. Instead, please bring any store money (check or cash) to registration on Sunday. From there, you will get an envelope for the week. Store purchases are deducted from the initial amount and marked on the opposite side of the envelope each day. The balance will be refunded at checkout or you may donate it to Gretna Glen's Scholarship Fund.

### Mail for Campers

You may use our free camper mailbox if bringing letters with you to registration. Please write your **Camper's Name, Event #, and the Day** you would like your letter delivered on the outside of each envelope.

**NO POSTAGE** is needed for this mail.

OR

You may use the US Postal Service. Please address mail as follows:

**[Camper's Name] [Event Name & #]**

**Gretna Glen Camp--87 Old Mine Rd.--Lebanon, PA 17042**



*Mail will be delivered Monday through Friday. It may take two or three days for letters to arrive at camp after you mail them. Letters that arrive after the last mail delivery time will be forwarded to the camper's home address. **Please do not send food.** Please do send happy, uplifting mail so your child can continue to enjoy camp without feeling homesick.*

### E-mail- campermail@gretnaglen.org

You may send one-page e-mails to your camper. These are delivered once a day. Please include in the subject line: **Camper's Name, Event Name and Event #.** Please do not send graphics, moving images, colored text or

### Cell Phone Policy

Gretna Glen, along with summer camps across the country, will continue to enforce a **no camper cell phone policy.** We can appreciate the desire for parents and guardians to be in contact with their camper while they are at camp however the risks of allowing campers to have cell phones continue to outweigh the benefits in the camp community. Cell phones continue to advance and offer multi use functions like camera, video recording, music player, texting, web browsing, and video games that can put campers at risk of emotional injury when misused or unsupervised. In addition to these factors, cell phones can be expensive and the outdoor camp environment can be hard on electronics. We encourage letters from home and encourage campers to write letters while they are here.

During your child's week at camp we can assure you that a parent or guardian will be contacted if...

- Your camper is ill, with a fever over 100 degrees
- Your camper needs medical treatment off-site
- If there are questions regarding medications or healthcare of your camper
- Your camper is unable to function within the community of Gretna Glen in a healthy way

Cell phones will be used by camp staff in emergency or safety situations.

**We thank you in advance for your support of our policy regarding the safety of campers.**



## Departing Camp:

**Checkout** time is 6:00 p.m. on Friday.

- At 6:00, go to the same place as Registration to sign the Parent/Guardian Release form. Once done, you can pick up your camper, any medications and group picture.
- If you arrive before 6:00 p.m., you may load camper luggage in your car or visit the camp store. Please be sure to look for your camper's name labels.
- As you are driving home and in the future, we encourage you to ask your child about camp. What was their favorite song, game, Bible verse, funny moment or meal? Who was their favorite counselor or new friend? Please help their summer camp experience last through discussions and stories.

**Gretna Glen Camp & Retreat Center**

87 Old Mine Rd. Lebanon, PA 17042

(717) 273-6525

Fax: (717) 273-6045

E-mail: [camp@gretnaglen.org](mailto:camp@gretnaglen.org)

[www.gretnaglen.org](http://www.gretnaglen.org)

**Thank you for coming to Gretna Glen this summer! Please think of Gretna Glen for retreats, challenge course, school trips, reunions and Gretna Glen Events!**

