

It is time to sign up for...

Camp E.D.G.E.  
Experience + Discover God Everywhere

At CAMP E.D.G.E your children join an extreme camp adventure where they will come to know that their strength and might come from God.

CAMP E.D.G.E will be held July 13 – 17 from 9:00 am to noon. It is offered to children who are 4 by 9/01/2009 through those entering 6<sup>th</sup> grade.

Your children will extend their learnings through every activity: making special memories at the ART APEX, singing at MUSIC MAX, experiencing science activities at EXPLORATION RIDGE, participating in recreational activities at the REC PLEX and enjoying tasty snacks at the SNACK EXPRESS.

**Key dates for VBS 2009**

February	Registration begins for TUMC members
April 1	Registration begins for non-members
Sunday, April 26, Noon – 2 pm	VBS Decorations Workshop #1
Monday, May 18, 9:00am - Noon	VBS Decorations Workshop #2
Tuesday, June 9, 6:30 – 9pm	VBS Decorations Workshop #3
Monday, June 29, 9:00am - Noon	VBS Decorations Workshop #4
Sunday, July 12, Noon	VBS Mandatory Training
Sunday, July 19, noon	Lunch and Slide-show

Please note that childcare will be provided for all VBS workshops and trainings listed above. Childcare must be reserved through Lauren Price ([lauren@tarrytownumc.org](mailto:lauren@tarrytownumc.org)) with a minimum of one-week notice.

Please contact Tanya Eustace, pastor of children's ministries, at [tanya@tarrytownumc.org](mailto:tanya@tarrytownumc.org) with any questions.

Looking forward to seeing you and your family this summer at CAMP E.D.G.E!

VBS Co-Chairs,  
KERRI ANN CHAMBLESS

ALLISON ANGELL

Participant  
CAMP E.D.G.E Registration Form  
TUMC VBS 2009

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

1. Child's name \_\_\_\_\_

Age as of 9/1/09 \_\_\_\_\_ Rising Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Name 1 friend to have in your child's large group \*\* \_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

2. Child's name \_\_\_\_\_

Age as of 9/1/09 \_\_\_\_\_ Rising Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Name 1 friend to have in your child's large group \_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

3. Child's name \_\_\_\_\_

Age as of 9/1/09 \_\_\_\_\_ Rising Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Name 1 friend to have in your child's large group \_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

PERMISSION TO USE PICTURES FOR PROMOTIONAL PURPOSES? \_\_\_ YES \_\_\_ NO

Emergency Contact: \_\_\_\_\_

Registration Fees

Per child (\$30) \_\_\_\_\_

Family (\$60) \_\_\_\_\_

Sunday Lunch

\$5/CHILD \$5 X \_\_\_\_\_

\$7/ADULT \$7 X \_\_\_\_\_

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TOTAL \_\_\_\_\_

Make checks payable to Tarrytown United Methodist Church (TUMC)

\*\* Each large group contains 20-30 children divided into 5 smaller groups. Each small group is a mixed age group.

Volunteer  
CAMP E.D.G.E Registration Form  
TUMC VBS 2009

To make sure CAMP E.D.G.E is totally awesome we not only need your children's participation, but we need volunteers – like about 100! Please prayerfully consider your talents and let us know in which areas you'd like to help before and during VBS week.

Name \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PRE-VBS

- In-Kind donation (look for donation bulletin board by the elevator this spring)
- VBS Decorations Workshop #1 (Sunday, April 26, Noon – 2 pm)
- VBS Decorations Workshop #2 (Monday, May 18, 9:00am – Noon)
- VBS Decorations Workshop #3 (Tuesday, June 9, 6:30 – 9pm)
- VBS Decorations Workshop #4 (Monday, June 29, 9:00am – Noon)
- VBS Set up (Sunday, July 12, all afternoon)
- Take-home packets

VBS WEEK

I am interested in working with:

- Preschool Children
  - Younger Elementary Children
  - Older Elementary Children
- 
- I am available all week
  - I am available these days \_\_\_\_\_

*Note: We will not place volunteers in the same group as their children unless requested.*

As a VBS week volunteer, I will need childcare for the following children who will be younger than 4 by 9/1/2009.

1. Child name \_\_\_\_\_ Age as of 9/1/09 \_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

2. Child name \_\_\_\_\_ Age as of 9/1/09 \_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

My T-shirt size is:    Adult Small            Adult Medium            Adult Large            Adult X-  
Large