

THINGS TO KNOW ABOUT MUSIC CAMP

- Our teachers and volunteers are experienced and committed to providing an enjoyable and enriching experience for your child in a safe environment.
- Snacks will be provided daily, so make sure to indicate if your child has any food allergies.
- Instruments will be provided at no charge!
- A Bible lesson and recreation are included as part of the Music Camp program.

THINGS WE'D LIKE TO KNOW ABOUT YOU

- Do you have a home church? If so, please list name of church:

- How did you hear about Music Camp?
Friend ()
Website ()
Social Media ()
Banner outside church ()
Neighborhood News ()
Flyer ()
Previously attended ()
Other ()

Bethany United Methodist Church is a loving congregation of believers committed to serving Christ, His church, and our community.

We invite you and your family to join us for in-person worship Sundays at 8:30 a.m. or 11:00 a.m., and online worship on the Bethany UMC Facebook page and our website. You can also view recorded services on our YouTube channel!

For more information on our church and upcoming events, please visit our website or contact the church office. Better yet, come visit us and see for yourself a church which truly cares and makes a difference in the lives of people!



BETHANY UNITED METHODIST CHURCH

1860 Hayes Road • PO Box 527 •
Gloucester Point VA 23062

Office Hours:

Mon.-Fri., 9:00 a.m.–3:00 p.m.
(closed 12-1 p.m. for lunch)

Phone: 804.642.2110

Fax: 804.642.2114

Email: admin@bethanyumc-gp.org

Website: www.bethanyumc-gp.org

Rev. Moonsup "Paul" Song, Pastor



FEEL THE NOISE

MUSIC CAMP



JULY 15-19, 2024
9 A.M. - 1 P.M.



Bethany United Methodist Church
1860 Hayes Rd., Gloucester Point, VA 23062



Enroll now for our **FREE** summer music camp for 4th-8th grade students! Experienced teachers will provide instruction on Keyboard, Violin, Guitar, and Drums. No experience is required. Instruments provided at no cost.

Register online at

<https://vbapro.events/p/63a2e9>

or complete the enclosed form and mail it to:
Bethany United Methodist Church
PO Box 527, Gloucester Point, VA 23062

Registration deadline is June 27.

Space is limited to 50 students on a first-come, first-served basis.

STUDENT PARTICIPANT INFORMATION

**required information*

*Student Name (first and last)

*Date of Birth: (mm/dd/yy) ____/____/____

*Age as of July 10: _____

*Grade in 2023-2024 School Year: _____

*Grade entering this fall: _____

*Gender: Male () Female ()

Does your child take music lessons on instruments we offer this year? If so, please list instrument & number of years study. (This is for informational purposes only) _____

Does your child play a band or string instrument? If so, please list the instrument. (There may be an opportunity for students to demonstrate their instrument at camp, if interested.) _____

*Do you agree to allow photos of your child to be used in church presentation or church promotion materials? (No names attached -- group photos of children involved in music camp activities, for the purpose of promoting the program.)

____ Yes ____ No

*Allergies:

Special Needs: Health/Learning/Behavioral
Please provide us with any information that will help us to provide the best experience for your child.

*Personal responsible for pick-up (first/last name):

*Phone number of person responsible for pick-up:

Relationship to child: _____

List any other people who are authorized to pick up your child:

First/Last name: _____

Phone number: _____

Relationship: _____

PARENT / GUARDIAN INFORMATION

**required information*

*Parent/Guardian Name (first and last)

*Mailing address:

*Email: _____

*Emergency Contact:

Name: _____

Phone number: _____

MEDICAL TREATMENT PERMISSION FORM

Child's Name: _____

Child's Name: _____

I give permission for my child(ren) to participate in Music Camp at Bethany United Methodist Church, Gloucester Point, from July 15-19, 2024.

I authorize the adult leadership to administer first aid and/or to seek emergency medical treatment in the event of illness or injury to my child(ren), and hereby give permission to the medical personnel selected to provide any necessary treatment, including hospitalization.

Medical Insurance Company:

Policy/Group ID number:

Parent/Guardian printed name:

Parent/Guardian signature:

Emergency Phone Number(s):

Date: _____