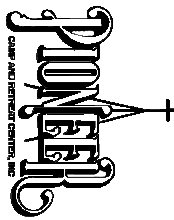




Come...

- † **See old friends and make new ones**
- † **Learn about God and share His love in new ways**
- † **Grow in the Word**
- † **Fellowship with other kids like you**
- † **Laugh, run, sing, play, swim, canoe, pray, dance, and grow at Camp Pioneer!**



Pioneer Camp and Retreat Center, Inc.
9324 Lake Shore Rd. Angola, NY 14006

Address Service Requested

**Summer
2010**



**C
o
n
f
i
r
C
a
m
p
a
t
i
o
n**



Pioneer Camp
& Retreat Center
9324 Lake Shore Rd.
Angola, NY 14006
(716) 549-1420 phone
(716) 549-6018 fax
info@pioneercomp.org
www.pioneercomp.org

NONPROFIT ORG.
U.S. POSTAGE
P A I D
ANGOLA, N.Y.
PERMIT NO. 8



Date: July 4th-9th
Time: Registration is Sunday 2-4pm
Pick up is Friday 10am

Leaders:

Rev. Paul Pollex,
Rev. Tom Lutz,
Darlene Waugh,
Kevin Williams,
and more Pastors &
Pioneer leaders and
counselors.



Need a ride? Pioneer is aware of many groups coming from different areas. If you would like to connect with one of these groups, contact Pioneer, and we will attempt to make this happen.

To register:

Fill out the form below.
Mail it with your payment to:
Pioneer Camp & Retreat Center
9324 Lake Shore Rd
Angola, NY 14006



Please join Pioneer in other summer camp opportunities!
Visit our website www.pioneercamp.org for more information!



Have questions?
 Contact us!

Pioneer Camp & Retreat Center
 9324 Lake Shore Rd.
 Angola, NY 14006
 (716) 549-1420 phone
 (716) 549-6018 fax
 info@pioneercamp.org
 www.pioneercamp.org



Confirmation Camp: PLEASE PRINT

July 4-9, 2010

CAMPER NAME _____ LAST _____ FIRST _____

GENDER: F M AGE _____ DATE OF BIRTH _____ ROOMMATE PREFERENCE _____

PARENTS/GUARDIANS _____

ADDRESS _____ CITY _____ STATE/PROV. _____ ZIP _____

PHONE (_____) _____ OFFICE PHONE (_____) _____

E-MAIL _____

EMERGENCY CONTACT _____ PHONE (_____) _____

RELATIONSHIP _____ OTHER PHONE (_____) _____

HOME CHURCH _____ CHURCH CITY/STATE _____

VISA OR MASTERCARD _____ Signature _____

NAME ON CARD (print) _____

CARD NUMBER _____ V CODE _____ EXP. DATE _____ AMOUNT _____

Are you a new camper? Y N

Are you or a family member a Thrivent Member? Y N

Are you a member of the Eastern District—LCMS? Y N

Photo Release: During the run of its programs, Pioneer staff may take photographs of various program activities and participants for future promotional use. If you DO NOT consent to having your image and/or likeness used in promotional materials, check the box to the right. (Consent is not required for attendance.)

Information Release: During the week of camp, many friendships are created and contact information is shared in the form of a social register. If you DO NOT consent to having your name and address shared with other campers, check the box to the right. (Consent is not required for attendance.)

OFFICE USE ONLY

DATE REC'D _____

ACK SENT _____

PROGRAM COST _____

DEPOSIT _____

BALANCE DUE _____