



2016 AIL Application Form

Application Deadline: April 15, 2016
AIL: June 26 - July 2, 2016

Thank you for applying for the Adventures In Leadership camp of the Central Conference of the Evangelical Church from June 26 - July 2, 2016. Your thoroughness in filling out the application is appreciated.

List any academic, leadership/service and extracurricular activities and awards through your school and/or community (clubs, athletics, music, drama, student government, scouts, etc.)

Church _____ City _____ Pastor(s) _____

How long and in what ways have you been involved in your church? In what areas of leadership have you been active? (youth group, Bible studies, worship, choir, service projects, mission trips, etc.)

List any other passions, gifts, or interests not listed above:

Please answer the following questions on a separate piece of paper (please type) and attach it to the back of this application: (one page maximum per question.)

a. Describe how you have come to know Jesus Christ and the nature of that relationship today.

b. List specific reasons why you want to be part of the Central Conference's Adventures In Leadership camp this summer. Also list specific goals you want to accomplish personally during the trip and what you might want to consider after the trip regarding future leadership roles and/or opportunities in your church, school or community.

Please list the name and phone number of one pastoral reference.

Pastor/Youth Leader Reference Name: _____ Phone: _____

Give the enclosed reference form to a pastor or youth leader with a stamped, addressed envelope so it can be mailed directly to the address on the form or confirm that your reference will fax it to Covenant Point. Applications will not be considered until all forms have been received.

Student Commitment

Please read and sign below:

I understand that there are certain risks inherent in a wilderness camp experience and am willing to assume the physical risks involved. I also understand that in order to benefit the most from this leadership training experience I must be willing to submit to the leadership and direction of the Central Conference Adventures In Leadership staff members who will be responsible for my personal growth and training. It is my understanding that participants will be divided into small groups. I understand that this is a church-sponsored camp and will conduct myself in a manner appropriate as a representative of Jesus Christ. If not, I understand that I will be sent home at my own expense, with no refund.

Participant's Signature _____

Date _____



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Adventures in Leadership
Covenant Point Bible Camp
358 W. Hagerman Lake Rd.
Iron River, MI 49935
Phone: 906.265.2117 Fax: 906.265.5123
www.cpbcc.com/AIL | cpbc@cpbc.com

Please complete this form.
Mail it with a \$75 non-refundable deposit.
Add \$25 non-refundable deposit for bus.
* Deposit will be refunded if student is not selected for AIL.

Student Name: _____ Birthday ____/____/____ Age ____ Grade in fall 2016 _____
Last First
Gender M / F Church _____ City _____
Home Address _____ City/State/Zip _____
Parent(s)/Guardian(s) _____ Home Phone _____
Student Phone _____ Student Email _____
Parent Cell Phone _____ Parent Day Phone _____ Parent Email _____

At the completion of AIL, the student named above will be released to the following person(s): _____

I hereby give my consent to have the above-named Participant fully participate in all camp activities, outings, and field trips conducted on and off the campus of Covenant Point recognizing that there are risks known and unknown, foreseeable and unforeseeable, involved in participating in these or similar activities. Covenant Point has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Point, nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participant as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant should he/she require such assistance, including the ordering and administering of medications. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow Covenant Point to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. Covenant Point may use participant's photo, films, digital images, videos, and sound recordings in future promotional materials.

Signature _____
Printed Name _____ Date _____

Select Transportation Options

- ☐ No bus needed ☐ Round trip bus
☐ One way bus from camp ☐ One way bus to camp
To camp: ☐ Chicago ☐ Elgin ☐ Rockford ☐ Madison
From camp: ☐ Chicago ☐ Elgin ☐ Rockford ☐ Madison

Calculate your Cost

AIL Cost	\$ 300
Bus Fee Round trip \$129, One way \$95	\$
SUBTOTAL	\$
Less Sponsoring Church Contribution \$150 Recommended. Please speak about this with your pastor (see letter provided).	\$
Less Deposit Paid \$75 non-refundable, if accepted \$25 non-refundable bus, if accepted	\$
BALANCE DUE	\$

Check enclosed \$ _____ Check # _____
Make check payable to Covenant Point Bible Camp.

☐ Visa ☐ Mastercard

Card # _____ - _____ - _____

Expiration Date _____ CSC _____

Credit card payments must be for full camp fee.

Signature _____



Pastor or Youth Leader Reference Form

_____ is applying for a leadership training experience with the Central Conference of the Evangelical Covenant Church. Please respond to the following questions and return to Covenant Point Bible Camp as soon as possible. Completed applications must be postmarked by Friday, April 15th, 2016, and no application will be considered without the required reference form.

In what capacity and how long have you known the applicant?

Please share your knowledge of this applicant.

a)	Teachable	Weak	1	2	3	4	5	Strong
b)	Considerate to peers	Weak	1	2	3	4	5	Strong
c)	Leadership ability	Weak	1	2	3	4	5	Strong
d)	Handles responsibility	Weak	1	2	3	4	5	Strong
e)	Works well with others	Weak	1	2	3	4	5	Strong
f)	Responds to authority	Weak	1	2	3	4	5	Strong
g)	Expresses him/herself well	Weak	1	2	3	4	5	Strong
h)	Considerate of adults	Weak	1	2	3	4	5	Strong
i)	Leads a consistent Christian lifestyle	Weak	1	2	3	4	5	Strong

Any additional comments or concerns on other side: _____

☐ I recommend this applicant for the Adventures in Leadership Camp, June 26 - July 2, 2016.

☐ I recommend this applicant with the following reservations:

Signature _____ Date _____

Position _____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____ Email address _____

Mail applications to: Adventures In Leadership
Covenant Point Bible Camp
358 W. Hagerman Lake Road
Iron River, Michigan 49935

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(906) 265-2117
Fax: (906) 265-5123
www.cpbc.com/AIL