2009 Bracken Christian School
Warrior Summer Camps
Join the C.I.A.
Creative Innovative Active

Camp Includes

Camp T-Shirt
Individual Attention
Focus on Creative, Innovative and Active Fun
Specific Sports Ball or Camp Craft
Experienced Coaches and Teachers
Participants in Dance/Cheer perform at a Varsity Football Game

Cost: $80.00 Per Session

Session	Dates	Type of Camp	Time	09-10 Grade
1	June 8-11	Activity	8:30 am-12:30pm	1-5
ACTIVITY – Theme based: Detective Day, Beach Party, Mad Scientists, Carnival, etc.				
2	June 8-11	GT	1-5pm	3-7
GT – Thinking outside the box to create functional structures w/a problem solving approach				
3	June 15-18	Elem Football	8:30am-12:30pm	2-5
4	June 15-18	Elem Cheer	8:30am-12:30pm	1-5
5	June 15-18	Elem Basketball	1-5pm	2-5
6	June 22-25	Art	8:30am-12:30pm	2-5
ART – Focus on drawing and painting various projects				
7	June 22-25	Elem Volleyball	1-5pm	2-5
8	June 22-25	MS Football	1-5pm	6-8
9	July 6-9	Activity	8:30am-12:30pm	1-5
ACTIVITY – Theme based: Detective Day, Beach Party, Mad Scient6ists, Carnival, etc.				
10	July 6-9	MS Boys Basketball	1-5pm	6-8
11	July 6-9	Culinary	1-5pm	3-7
CULINARY – Basic cooking to include; appetizers, main course & dessert				
12	July 13-16	MS & Elem Dance	8:30am-12:30pm	1-8
MS & ELEM DANCE – Theme, prop and novelty routines for performance purposes				
13	July 13-16	MS Girls Basketball	1-5pm	6-8
14	August 10-13	MS Girls Volleyball	8:30am-12:30pm	6-8

Complete and return form with payment to Bracken, 670 Old Boerne Rd, Bulverde, TX 78163

Student Name _____ 2009-2010 Grade Level _____
Address, City, Zip _____
Parent/Guardian Name _____ Contact # during camp hours _____
Circle T-Shirt Size: ys ym yl AS AM AL *** CIRCLE SESSIONS ATTENDING 1 2 3 4 5 6 7 8 9 10 11 12 13 14
# of sessions _____ Amount Due _____ Check # _____ Cash _____

Disclaimer: The following statements must be signed by a parent/guardian:
I hereby give my child _____ permission to participate in the Warrior Summer Camp Program. This authorization shall waive, release, and absolve Bracken Christian School and its camp staff from any and all liability for injury at the camp. I give the staff permission to act for me according to its best judgment in any emergency. I also certify that _____ has no physical problems which would impede his/her participation in the camp other than those noted on the attached paper (as necessary).

Signature _____ Relationship to child _____
Hm Phone _____ Wk/Cell Phone _____