



Interfaith Peace Camp 2009

Play! Learn! Create!
Temple, Church, Mosque
Visit Communities
other than your own!

June 22 - 26, 8:30 a.m. - 2:00 p.m.



Interfaith Peace Camp 2009 is sponsored by:

Center for Studies in the
Abrahamic Traditions (CSAT) at EMU

Anabaptist Center for Religion
and Society (ACRS) at EMU



Interfaith Association of Harrisonburg/Rockingham

And the following faith communities:

Beth El Congregation
The Islamic Association of Shenandoah Valley
Park View Mennonite Church
Shalom Mennonite Congregation
Trinity Presbyterian Church

Interfaith Peace Camp ♦ Phone: (540) 434-7684
Email: InterfaithPeaceCamp@gmail.com

About the Interfaith Peace Camp

Interfaith Peace Camp, rooted in Abrahamic faith traditions, is a weeklong day camp offered for rising 1st through 6th graders who are interested in building friendships and understanding between children from other Abrahamic faith traditions in the Harrisonburg/Rockingham community.



The Camp has been planned and staffed by an interfaith team of community members. We do our best to provide low-cost, high-quality learning experiences for the campers.

The 2009 Camp will take place at Eastern Mennonite University, Beth El Congregation, Islamic Association of Shenandoah Valley and Park View Mennonite Church. Every morning campers will gather at Eastern Mennonite University (EMU) and on three days will be transported by bus to other locations (see below).

Daily Themes:

- ♦ **Monday:** Getting to know each other (EMU)
- ♦ **Tuesday:** Visit to Beth El Congregation
- ♦ **Wednesday:** Visit to Islamic Association of Shenandoah Valley
- ♦ **Thursday:** Visit to Park View Mennonite Church
- ♦ **Friday:** Sending messages of peace (EMU)

General Information

- ♦ Rising 1st through 6th graders are welcome. The Camp will have two age groups: rising 1st-3rd graders and rising 4th-6th graders.
- ♦ A healthy light snack is served each morning, as well as lunch.
- ♦ Campers' family members are invited to join Campers for:
 - ♦ Welcome Breakfast Monday, June 22, 8:30-9:30 a.m.
 - ♦ Program and Potluck Thursday, June 25, 6:00-8:00 p.m. at Park View Mennonite Church.
- ♦ We accept campers at a first-come, first-serve basis. Camp fee is \$40. Scholarships are available upon request. (see the registration form)



Activities will include:

- ♦ The 2009 theme to be carried out each day will be the Tree as a symbol of Peace.
- ♦ Large and small group work
- ♦ Visits to the local synagogue, mosque, and a church will enhance learning while in the authentic setting
- ♦ Cultural sharing of art, crafts & music
- ♦ Time for exploration and questions
- ♦ Theater and music activities
- ♦ Healthy foods and recreational activities
- ♦ Potluck celebration & presentation for campers' families

Interfaith Peace Camp 2009 Registration Form

Space is limited. Apply quickly!

Camper's name: _____

Camper's birthdate: _____ Male / Female (circle)

Parent/Guardian name: _____

Address: _____

City: _____ State _____ Zip: _____

Parent/Guardian phone: _____(home) _____(work)

_____(cell) Email: _____

Faith Community camper attends: _____

Specific dietary needs: _____

Camper's shirt size (circle): S M L XL

My signature on the other side of this registration form indicates my consent that my child can be photographed for the purposes of the Camp publicity. ☐ Yes ☐ No

Please check one of the following:

- ☐ I enclose the \$40 camp fee for my child.
- ☐ I ask for a scholarship for my child.
- ☐ I would like to pay a scholarship for another child, besides mine.
- ☐ I would like to make a general contribution beyond the camp fee in the amount of \$ _____.

Please detach the registration form and mail it along with registration fee and additional donation (if applicable) by **May 15th** to:

Interfaith Peace Camp
Vesna Hart
1219 Parkway Drive
Harrisonburg, VA 22802

*Checks payable to: " EMU - ACRS," please write "Interfaith Peace Camp" on the memo line.
Any contribution beyond the camp fee is tax-deductible.*

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Email: InterfaithPeaceCamp@gmail.com

Medical Waiver Form

Allergies or medications: _____

Family Doctor & Phone #: _____

Medical Insurance Co. and Plan/Policy #: _____

In whose name: _____

I give permission for my child (child's name), _____

to participate in the Interfaith Peace Camp 2009 from June 22-26, 2009. I understand that my child will be transported to and from different places of worship during the Camp. I release Eastern Mennonite University (EMU) and other faith communities sponsoring the Interfaith Peace Camp 2009, as well as staff and volunteers, from liability for any injury or illness that my child may sustain during this summer day camp. In the event of an emergency, if none of the persons named on this Medical Waiver Form can be reached quickly, I grant each adult leader in the Camp the right to authorize any examination, diagnosis, treatment or hospital care advised and supervised by a licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree to indemnify and hold harmless EMU and other faith communities, staff and volunteers (i) from any and all claims or losses, at any time arising, (other than those resulting from the gross negligent or willful misconduct of EMU, faith communities, staff and volunteers) related to the Camper's bodily injury, property damage or wrongful death arising out of Camper's participation in the Camp, and (ii) from any claims, actions or losses, at any time arising, related to Camper's negligence or misconduct during the Camp.

2 Emergency contacts and their telephone #: _____

Signature of Parent/Guardian _____