



**CAMP CHOF**

**1 CORINTHIANS 10:31**

**RESIDENT CAMP**

**Registration Packet**

## Camp CHOF has moved everything to an online registration process!

If you are able to complete this process online, please go to [www.campchof.org](http://www.campchof.org) and register your camper today! For those needing assistance, please complete this packet and turn it in to the camp office at Canton Baptist Temple. Please complete this packet **completely** and **legibly**.

To register your camper, you must have an Ultracamp account created. **If you have not yet created an UltraCamp account, please provide the email address and password that you would like us to set up for you.** All emails and passwords are kept in a secure place and will not be used or disclosed in any manner. They will only be used for camp purposes. Please keep a copy of your login information for your records.

Email: \_\_\_\_\_

Password: \_\_\_\_\_

By signing below, you are giving Camp CHOF and Canton Baptist Temple permission to create an account with Ultracamp on your behalf to register your camper. All information will not be disclosed in any manner and can be obtained upon request. This information may only be collected by the primary contact in this packet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please select the week your camper would like to attend:

- Junior Week 1 – Ages 8-11 | June 14-19 | Cost: \$385**
- Middle School Week 1 – Ages 11-14 | June 21-26 | Cost: \$385**
- Junior Retreat – Ages 7-11 | June 28-30 | Cost: \$150**
- Teen Week – Ages 13-18 | July 5-10 | Cost: \$385**
- Junior Week 2 – Ages 8-11 | July 12-17 | Cost: \$385**
- Middle School Week 2 – Ages 11-14 | July 19-24 | Cost: \$385**

## Primary Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number 1: \_\_\_\_\_

Phone number 2: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address: \_\_\_\_\_

Relation to the camper: \_\_\_\_\_

## Secondary Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number 1: \_\_\_\_\_

Phone number 2: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address: \_\_\_\_\_

Relation to the camper: \_\_\_\_\_

## Resident Camp Registration

### **Welcome to the 2026 Overnight/Resident Camp Registration!**

Resident Overnight Camp runs from Sunday evening to Friday evening and provides campers with the unique opportunity to connect with God and one another in a safe environment away from life's daily distractions. Campers can participate in a variety of exciting activities, including swimming, water slide, go-karts, gellyball, climbing wall/zip line, crafts, challenge course, water games, field games, archery, and much more! Most importantly, campers are challenged by God's Word each day through trained counseling staff and a special guest speaker. Camp CHOF is dedicated to giving each camper a memorable week!

### **A typical day at resident camp may look like this:**

7:30 am – Wake Up

8:05 am – Flag Raising/Cabin Devotions

8:30 am – Breakfast

9:00 am – Chapel

10:00 am – Activity Rotation

12:30 pm – Lunch

1:00 pm – Cabin Time

1:30 pm – Activity Rotation

4:45 pm – Flag Lowering

5:00 pm – Dinner

5:30 pm – Bible Quiz

6:00 pm – Big Game

7:00 pm – Sweet Shop/Showers

8:30 pm – Evening Chapel

9:45 pm – Prepare for Bed

10:30 pm – Lights Out

## Camp CHOF Code of Conduct

1. **Follow Staff Instructions:** Our trained staff are here to keep you safe and ensure a great week! Listen to authority.
2. **Keep Camp Clean:** Dispose of all trash properly and help maintain a clean cabin and camp.
3. **Stay with the Group:** Never wander off or be alone. Always stay with your assigned group and communicate if you need to step away.
4. **Stay Hydrated:** Drink plenty of water. Bring or buy a refillable water bottle and use it often.
5. **Maintain Personal Space:** Don't share drinks or invade others' personal space.
6. **No Romantic Behavior:** Refrain from PDA or romantic interactions of any kind.
7. **Dress Appropriately:** Clothing and appearance should align with your biological sex and should be modest.
8. **Uphold Camp Beliefs:** Do not promote or approve behavior contrary to the church's scriptural beliefs (go to [cantonbaptist.org](http://cantonbaptist.org) for our complete belief statement.)
9. **Show Respect:** Treat all campers and staff with kindness, dignity, and respect.

## Acceptance and Acknowledgment of Statement of Faith & Code of Conduct

I have received a copy of Camp CHOF's/Canton Baptist Temple's statement of faith. I understand it is my responsibility to become familiar with and adhere to the information contained therein. I agree to be bound by the statement of faith and the biblical positions taken by Camp CHOF/Canton Baptist Temple on all the issues of doctrine and lifestyle contained therein, both at and away from Camp CHOF.

I have also received a copy of the Camp CHOF Code of Conduct. I agree to abide by the code of conduct contained herein and understand that if, at any time during or away from Camp CHOF, I violate any specific provisions or the spirit of the code of conduct, I am subject to the discipline listed herein, up to and including expulsion from the camp premises.

                     (parent/guardian initials) I understand that as the legal guardian of my child, I am responsible to read and understand these documents and explain the requirements contained therein to my child. I understand that my child and I will be held accountable for the policies and procedures contained therein, including the parental support statement, binding arbitration, and the code of conduct, all of which are based on Camp CHOF's/Canton Baptist Temple's statement of faith.

Guardian Signature

Printed Name

Date

## Camper's Basic Information

Camper's Name: \_\_\_\_\_

Camper's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Camper's Grade in Fall 2026: \_\_\_\_\_

Birth Gender\*\* (select one):

- Male
- Female

\*\*As a condition of enrollment, parents and campers agree that they will abide by and respect the Church's view of gender and sexuality while at camp (see [www.cantonbaptist.org/about/what-we-believe](http://www.cantonbaptist.org/about/what-we-believe)). This means that campers' appearance and actions must align with, and they will participate in groups that reflect, the camper's biological gender as determined by anatomy at birth. As per our code of conduct, campers are prohibited from any public displays of romantic attraction or affection to members of the same or opposite sex.

Camper's T-shirt Size (Mark only one)

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Youth Small   | <input type="checkbox"/> Adult Small  |
| <input type="checkbox"/> Youth Medium  | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> Youth Large   | <input type="checkbox"/> Adult Large  |
| <input type="checkbox"/> Youth X-Large |                                       |

What is the name of your home church? (If you currently have a home church)

\_\_\_\_\_

What is the name of your Senior Pastor? (If you currently have a home church)

\_\_\_\_\_

How did you hear about Camp CHOF? (Please check all that apply)

- Facebook
- Instagram
- Web search
- Friends
- Family
- Church
- YouTube
- Flyer
- Other: \_\_\_\_\_

## Friend Request

If applicable, give the name of a friend(s) you would like your camper to be in a group with. Friends must request each other to guarantee that they will be placed in the same group. Requests listing 3 or more friends may not be guaranteed.

\_\_\_\_\_

## Media Release

At Camp CHOF, we love capturing the fun, friendships, and faith-filled moments of summer. With your permission, we may include photos and videos of your camper on our social media pages and promotional materials, including: **Facebook, Instagram, YouTube, Camp CHOF's official website, printed or digital brochures, newsletters, and internal documentation.**

### **PLEASE REVIEW AND INDICATE YOUR CONSENT BELOW.**

**Consent:** I hereby give Camp CHOF, its staff, volunteers, and affiliates, the right to photograph, video record, and use images and recordings of the camper named in this document during the Summer of 2026 for the purposes outlined above.

**I understand:** No compensation will be provided for use of these images. I waive any right to inspect or approve finished media. This release applies only to content captured during Summer 2026.

- Yes,** I give permission for Camp CHOF to use photos/videos of my camper.
- No, due to legal reasons,** I do not give permission for Camp CHOF to use photos/videos of my camper.

Signature (required) \_\_\_\_\_

## Camper Health/Health History

### Allergies

My Camper is allergic to: (Check all that apply)

- Food
- Medicine
- The Environment
- Other \_\_\_\_\_

Please describe below what the camper is allergic to, the severity, and the reaction that is seen:

---

---

### Diet & Nutrition

My Camper: (Check only one)

- Eats a regular diet
- Has special food needs

(Please understand that Camp CHOF provides one meal option per mealtime, and special meals will not be created for any one camper. You will need to provide your camper with his/her own meal(s) for the required day(s). We will provide peanut butter & jelly sandwiches as an alternative main course during lunch hours only. If you will be providing special meals for your camper(s), we ask that you package each meal individually and mark it with the camper's name, date, and the specific meal it is for. If you have any questions or concerns, please contact the Camp Office. Thank you.)

## Medical Insurance Information

My Camper is covered by family medical/hospital insurance (Check only one)

- Yes, my camper is covered by: \_\_\_\_\_.
- No, my camper is not covered by insurance.

## General Medication

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins and supplements. Please send all medications in their original pharmacy containers with labels that show the camper’s name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at Camp. The following non-prescription medications may be stocked in the Camp Health Center and are used on an as-needed basis to manage illness and injury.

Please check the medication(s) your camper should **NOT** be given:

- |  |  |
|--|--|
| <input type="checkbox"/> Children’s Tylenol            | <input type="checkbox"/> Children’s Advil                            |
| <input type="checkbox"/> Children’s Benadryl           | <input type="checkbox"/> Children’s stomach relief (similar to Tums) |
| <input type="checkbox"/> Children’s Allegra            | <input type="checkbox"/> Adult Tylenol                               |
| <input type="checkbox"/> Adult Advil                   | <input type="checkbox"/> Adult Benadryl                              |
| <input type="checkbox"/> Adult Tums                    | <input type="checkbox"/> Adult Zyrtec                                |
| <input type="checkbox"/> Adult Pepto Bismol            | <input type="checkbox"/> Sting Relief                                |
| <input type="checkbox"/> Cortisone 10                  | <input type="checkbox"/> Eye drops (artificial tears)                |
| <input type="checkbox"/> Neosporin (triple antibiotic) | <input type="checkbox"/> Calamine Lotion                             |

## Mental, Emotional, and Social Health

Has the camper had a significant life event that continues to affect the camper’s life? Please provide any additional information about the camper’s physical or mental health that may be helpful for our staff to know, or that could affect the camper’s ability to fully participate in camp activities. This may include (but is not limited to) diagnosed conditions such as ADHD, eating disorders, the death of a loved one, behavioral or emotional challenges, a history of abuse, a change in the family, mobility issues, etc.

- Yes
- No

Please explain any “Yes” answers in the space below. The Camp may contact you for additional information.

---

---

---

---

---

## What have we forgotten to ask?

Please provide in the space below any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the Camp program.

---

---

## Medications

All medications (prescription and non-prescription) must be clearly marked in their original bottle. They will be collected during Sunday evening check-in and maintained in our Camp Office under lock and key as per Ohio State Law.

***Please attach additional sheets if necessary.***

Medication Name _____
How medication is to be taken: _____
Dosage: _____
Schedule/Frequency (Check all that apply)
<input type="checkbox"/> Breakfast (8:30 am)
<input type="checkbox"/> Lunch (11:30 pm)
<input type="checkbox"/> Other Time _____
Special Instructions: _____ _____ _____

Medication Name _____
How medication is to be taken: _____
Dosage: _____
Schedule/Frequency (Check all that apply)
<input type="checkbox"/> Breakfast (8:30 am)
<input type="checkbox"/> Lunch (11:30 pm)
<input type="checkbox"/> Other Time _____
Special Instructions: _____ _____ _____

Medication Name _____
How medication is to be taken: _____
Dosage: _____
Schedule/Frequency (Check all that apply)
<input type="checkbox"/> Breakfast (8:30 am)
<input type="checkbox"/> Lunch (11:30 pm)
<input type="checkbox"/> Other Time _____
Special Instructions: _____ _____ _____

Medication Name _____
How medication is to be taken: _____
Dosage: _____
Schedule/Frequency (Check all that apply)
<input type="checkbox"/> Breakfast (8:30 am)
<input type="checkbox"/> Lunch (11:30 pm)
<input type="checkbox"/> Other Time _____
Special Instructions: _____ _____ _____

## Permission to Treat Authorization

1. I hereby give permission to the camp personnel to provide and administer medications described in the "Prescription Medication" page of this packet and to administer over-the-counter medications and first aid for minor illnesses and injuries except those listed on the "General Medication" form.
2. I understand that, although certain volunteers and/or other workers have been familiarized with administering medication, including for but not limited to allergies, anaphylaxis, and epinephrine administration, camp personnel are not medically trained and do not have professional training or experience in meeting the needs of children with medical conditions, including but not limited to allergies, or to identify symptoms or signs that the student is in distress or may need emergency medical treatment. With that understanding, I hereby give my child to be treated for allergic reactions, including the administration of epinephrine.
3. In potential emergencies requiring immediate medical attention, I understand that my child will be taken to and treated at the nearest hospital or urgent care center. I hereby give permission for those responsible for my child at the camp to authorize medical treatment for my child in the event of an emergency.
4. I give permission to camp personnel to contact my child's healthcare specialist, primary care provider, or dentist in the event of an emergency.
5. I **AGREE** to pay all costs associated with my child's medical care, emergency or otherwise. I understand that the camp does not carry health insurance for campers and that it is my responsibility to submit to my own insurance any healthcare, medication, or medical claim my child incurs while at camp.

## Liability Waiver for Medical Care

In consideration of my child being permitted to participate in the event(s) described above and other valuable consideration the receipt of which is acknowledged, I hereby **AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MINISTRY** and its agents and employees from any and all past, present, future, known and unknown liabilities, actions, causes of action, claims, expenses, personal injuries, and damages **INCLUDING THOSE CAUSED BY THE NEGLIGENCE OR FAULT OF THE MINISTRY, ITS LEADERS, EMPLOYEES, OR VOLUNTEERS**, and including, without limitation, interest, penalties, court costs, attorney's fees, and expenses resulting from or on account of injury to my child, myself, or my property in connection with any medical care provided to my child.

I **FURTHER RELEASE** any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of Ohio and that if any portion hereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I **ALSO AGREE** that any controversy or claim, by or through me, arising out of or relating to the care anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not mere recitals.

This completed form may be photocopied for trips out of Camp.

I understand and agree to abide by any restrictions placed on my activity at Camp.

Signature (required) \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## Resident/Overnight Camp Information

### Registration & Payment

- Submit a completed Resident Registration Form and a \$50 non-refundable deposit per child/week to secure your spot.
- Balance is due by the start of your child's week.
- Pay online, or with cash, credit card, or check (to Canton Baptist Temple).
- Online payments can be made through your camp account (keep your login info). If using paper forms, pay at the church office, Camp Desk, or by phone.

### Refunds

- All money (except the \$50 deposit) is refundable only with at least two weeks' notice.
- No refunds for homesickness, illness, or discipline issues.
- Illness or emergencies are reviewed on a case-by-case basis.

### Check-In & Check-Out

- Check-in: Sunday, 6 PM at the CHOF Tabernacle (includes head lice check). Turn in any money and medications.
- Check-out: Friday after the 7 PM closing ceremony. Bring photo ID for pickup.
- All campers must leave by 8:30 PM. Retrieve medications and check Lost & Found before leaving.

### Spending Money

- Up to \$40 may be placed in your child's Sweet Shop account (online or at check-in).
- Used for snacks, crafts, and merchandise. Unused funds are refunded at check-out.

### Cabining

- Roommate requests must be mutual on both forms; only one roommate request is guaranteed.
- Requests made within 72 hours of camp are not guaranteed.

### Packing & Conduct

- Modest dress required: shorts no more than 3" above the knee; no offensive graphics.
- Label all items clearly.
- No cell phones or electronics. Lost items are held for one week before donation.
- See Camp CHOF's YouTube page for packing tips.

### Parent Guidelines

- No camper cell phones or midweek visits/calls, except in emergencies.
- For emergencies, call (330) 837-1534 or CBT (330) 477-6267 ext. 126.
- Campers need director approval and written consent to leave campgrounds.

## Sweet Shop & Craft Shop

Campers will have the opportunity to go to the Sweet Shop daily, where they can purchase food and drinks as well as Camp CHOF merch! We ask that you add **no more than \$40** to your camper's account. You are able to track your camper's spending online via UltraCamp and have the option to add additional funds if they are getting low. These funds are also used to purchase Craft Shop projects ranging from \$1-\$5.

- I would like to add money now (cash or check) in the amount of \$\_\_\_\_\_. (\$40 max)
- I would like to add money later online or at camp check-in on Sunday evening.
- I would not like to add money to my camper's account

## Alternate Contacts

In the unlikely event that the primary contact cannot be reached, an alternate contact will be used.

### **Alternate Contact #1**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Primary Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Relation to camper \_\_\_\_\_

### **Alternate Contact #2**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Primary Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Relation to camper \_\_\_\_\_

## Contact and Pick-up

ALL primary and alternate contacts are permitted to pick up my camper at any point during the week.

Signature (required) \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

## Discounts

**EARLY BIRD – \$15 OFF** This discount is valid from February - March 31, 2026.

**CBT MEMBER – \$10 OFF** Applies if you are a member of Canton Baptist Temple (must have official membership)

Please select which discounts apply to you:

- Early Bird
- CBT Member

## Camp CHOF Donations

Your donation, no matter the amount, will be much appreciated. Thank you for your consideration and the eternal impact your donation will have on the lives of many young people.

- Camp CHOF – General Donation
- Send a child to camp (\$225- Day Camp \$365- Resident Camp)

Donation Amount: \$\_\_\_\_\_

## Church Visit Permission

Camp CHOF is owned and operated by Canton Baptist Temple, which maintains all camper information. Our church loves connecting with camp families, so filling out this form may lead to a home visit or follow-up invitation to join us after your camper's week at camp.

If you live too far from Canton Baptist Temple and don't have a local church, you can give us permission to share your contact information with a nearby church of like faith so they can reach out. By checking "yes," you agree to allow us to share your contact information in this way.

- Yes, you have my permission to share my contact information to connect me with a local church.
- No, you do not have permission to share my contact information.

## Acknowledgment/Release Contract

### **ACKNOWLEDGMENT OF RISKS**

I understand that participation in camp activities (including but not limited to hiking, climbing, rope activities, Gellyball, airguns, archery, waterslides, swimming, go-karting, ziplining, and field games) involves inherent risks that cannot be eliminated, including the possibility of injury, illness, or death.

#### **Risks may include:**

- Rapidly changing weather; temperature extremes; sun exposure.
- Equipment malfunction or misuse.
- Natural hazards such as uneven terrain, insects, or animals.
- Water-related risks, including drowning, cold temperatures, or collisions.
- Motor vehicle accidents during camp transportation.

*I understand these are examples and not a complete list of risks.*

### **PARTICIPANT EXPECTATIONS**

Participants must:

- Follow all staff instructions and posted rules.
- Alert staff to any unsafe situations.
- Provide proper clothing and footwear.

Camp CHOF is not responsible for loss, misuse, or injury related to personal items.

### **HEALTH & MEDIA CONSENT**

I affirm that my child has no physical, emotional, or mental limitations that would prevent participation, except as noted on the Health History Form. I grant permission for Camp CHOF to record my child's image, voice, or likeness for camp-related use in publications or promotions, without compensation. Personal information will not be shared without consent.

### **RELEASE & WAIVER OF LIABILITY**

In consideration of my child's participation, I assume all risks and agree to indemnify, defend, hold harmless, release, and waive any claim against Camp CHOF, Canton Baptist Temple, and their agents, employees, officers, and assigns for any injury, illness, damage, or loss, including those caused by the negligence of camp staff.

If any part of this agreement is found invalid, the remainder shall continue in full force.  
(Parent/Guardian must sign if participant is under 18.)

Signature (required) \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_



1820 DEERFIELD AVE NW DALTON, OH 44618

CAMP CHOF IS A MINISTRY OF  
**CANTON BAPTIST TEMPLE**  
515 WHIPPLE AVE NW CANTON, OH 44708

PHONE.....(330) 477-6267 EXT. 126  
FAX.....(330) 477-2389  
EMAIL.....OFFICES@CAMPCHOF.ORG  
WEBSITE.....CAMPCHOF.ORG

## RESIDENT CAMP PACKING LIST

**WE RECOMMEND THAT YOU MARK ALL CLOTHING AND BELONGINGS WITH A PERMANENT MARKER.**

Unfortunately, there are many pieces of clothing left at camp each summer that are not claimed and are unidentifiable. This substantial lost and found pile is held on site for 2 weeks after the summer camping season ends before being donated to charity. While we are happy these items find a good home eventually, we want the person who owns the clothing/items to have them again! We are not responsible for lost or stolen items!

### WHAT TO BRING

- BIBLE**
- BEDDING & PILLOW**  
SHEETS (TWIN) & A BLANKET OR SLEEPING BAG
- TOWELS & WASHCLOTHS**
- TOILETRIES**
- UNDERGARMENTS**
- PAJAMAS**
- MODEST CLOTHING**  
Old jeans, pants, shorts, and long & short sleeve shirts. Shorts or skirts should be no more than **3 inches above the knee**. No leggings. No midriff, tank, tube, or spaghetti strap tops. Guys must wear a shirt throughout the camp. No clothing with printing that may be offensive. Bring clothes for warm & cool weather/dry & wet weather.
- RAIN GEAR & JACKET**
- SWEATSHIRT & HAT**
- COMFORTABLE SHOES**  
At least one pair of old sneakers for walking and running that won't be harmed when wet from rain/mud..
- SWIMSUIT**  
Modest styles for guys and girls. Girls are expected to wear a one-piece swimsuit or a tankini style as long as it covers the midriff. A t-shirt will be required to be worn over swimsuits other than these mentioned.
- FLASHLIGHT**
- LARGE PLASTIC BAGS FOR DIRTY/WET ITEMS**
- SUNSCREEN**
- INSECT REPELLENT**
- MEDICATIONS**  
Prescription and non-prescription medications (tylenol, vitamins, etc.) must be in their original bottles and should be turned in at the designated station during checkin sunday evening.  
**MEDICATIONS DO NOT STAY WITH CAMPERS!!**

### WHAT NOT TO BRING

**WE ARE NOT RESPONSIBLE FOR THE RETURN OF THESE ITEMS!**

- CELL PHONES**
- MUSIC/VIDEO PLAYERS OF ANY KIND**
- HEADPHONES**
- DRUGS, ALCOHOL, TOBACCO, VAPES**
- WEAPONS, KNIVES, FIREARMS**
- FIREWORKS**
- HAND-HELD GAMES**
- IPAD/TABLET/LAPTOP**
- SKATEBOARDS/ROLLERBLADES/BIKES**
- INAPPROPRIATE MATERIALS**
- CLOTHING OR ITEMS WITH OFFENSIVE PRINT**
- PETS (STUFFED ANIMALS WELCOME!)**

## LOST & FOUND

PLEASE CALL THE CAMP AT  
**(330) 837-1534**  
TO CHECK ABOUT  
ANY LOST ITEMS.