



Day of Peace Camp

At John Wesley Ranch

Wed., June 9, 2010 † 8:30 am – 5:30 pm † Registration ends 6/2

Thank you for registering for First United Methodist Church's
Day of Peace Camp at John Wesley Ranch.

Please keep this information sheet.

Children who have completed 1st through 6th grades are invited to attend.

We will depart FUMC at 8:30 am and return by 5:30 pm, traveling on the church vans to the John Wesley Ranch, 45 minutes west of Colorado Springs.

St. Francis wrote one of the most beautiful prayers ever written, which begins with the words "Lord, make me and instrument of thy peace". In these turbulent times, we will be using the life and prayers of St. Francis to help our children begin to think about how they might be instruments of peace at home, school, church and the world. We will also add plants to the Peace Garden that we started last summer.

- Sunblock and hats are recommended!
- Each child will need to bring his/her **own plant** to help with the garden AND **one ear of corn**.

Please choose to bring one of the following:

Gaillardia – Blanket Flower

Perouskia – Russian Sage

Salvia

Stachys – Lamb's Ear

Linum – Flat

Dainthus

Thyme

Columbine

- Each child participating must fill out a medical authorization form.

Please note that there is no cell phone reception at the ranch. In case of an emergency, please call the ranch at (719) 687-2147.

For additional information please call Deb Walker, Children's Ministries Coordinator, at 471-8522 ext 213.

For directions to the ranch, visit www.johnwesleyranch.org



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Registration Form

- Please fill out a separate form for each child.
- This activity is open to children who have completed 1st – 6th grades.
- We will leave the church at 8:30 am and return to the church at 5:30 pm.
- Each child is asked to bring his/her own plant and an ear of corn (see attached sheet).

Child's Name: _____

Parent/Guardian: _____

Address: _____

City: _____ Zip _____

Email: _____

Phone: Home _____ Cell _____

Child's Age Info: DOB _____ Age _____

Last School Grade Completed _____

Allergies/Medical Info/Special Needs/Food restrictions:

Emergency Contact:

Name _____ Phone _____

Name _____ Phone _____