

Join Professional Artist Magon Speckner for the week, creating and crafting! Explore beginning techniques in multiple medias, and for the advanced student learn how to perfect your skills. All hands-on hand learning instructed by an experienced artist.

No Experience Needed! All skill levels are encouraged to come and learn a new appreciation for our Creator, the Ultimate Artist: God!



ART CAMP

JULY 19-25, 2026



VILLAGE CREEK
1588 Drake Road
Lansing, Iowa 52151
888-231-7320
camp@villagecreek.net

www.villagecreek.net



LANSING, IOWA
villagecreek.net



JULY 19-25, 2026

ART!

A week filled with

Campers will explore various art media and techniques in depth throughout the week, with an assortment of projects.

Our talented teaching artist will guide campers in developing their own personal style while they learn and refine their art skills. There will be lots of art, but don't forget the camp fun too! Trail rides, challenge course, lake fun, and great chapels!

Art Camp is for co-ed students entering grades 7-12 in the Fall.



REGISTRATION ART CAMP

REGISTRATION IS ALSO AVAILABLE AT WWW.VILLAGECREEK.NET

Name _____
Mailing Address _____
City _____ ST _____ ZIP _____
Phone # (____) _____ - _____
Grade in Fall _____ Birthdate ____/____/____
E-Mail _____
Church _____
Expecting a church campership? Yes No
How Much? _____ Church city _____
Roommate request _____
Special Dietary Needs _____
Camp T-shirt (Included in your camp fee!)
Circle Size: Youth M L Adult S M L XL

Camp Fee	By March 13	By April 30	After May 1
	\$446	\$466	\$486

Sibling Discount _____
Multiple-Session Discount _____
(list other week) _____

Less Deposit (\$100.00 min) _____

Balance Due _____

Please make check payable to VCBC,
OR:
Charge \$ _____ to my credit card
[] Visa [] MC [] Discover CVC _____
Exp. Date _____/_____
Acct. # _____ - _____ - _____ - _____
Signature _____

villagecreek.net

M/ F Age _____
Parents/Guardian _____
Daytime Phone # _____

Emergency Contact _____
Emergency Phone # _____
2nd Emerg. Contact _____
2nd Emerg. Phone # _____
Physician's Name _____
Physician's Phone # _____
Health Insurance Co. & Address _____

Policy # _____

Health Problems / Special Needs _____

Drug Allergies _____

Regular Medication _____

Activity Restrictions _____

PARENTS:

Please read, sign, and date the following:
Our insurance coverage is a primary carrier. Our policy will provide you with complete coverage within its limits, subject to policy provisions.
IN CASE OF MEDICAL EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, as named above.

Signature _____ Date _____