Whether you're just getting started or looking to sharpen your artistic abilities, this camp offers instruction in multiple art media for every skill level.

No experience necessary! Come explore your creativity, develop new techniques, and gain a greater appreciation for our Creator, the Ultimate Artist: God.



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

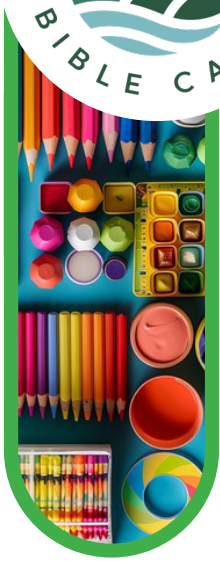
www.villagecreek.net



JULY 25-
AUGUST 1
2027

# ART CAMP

VILLAGE CREEK BIBLE CAMP





LANSING, IOWA

villagecreek.net

A week filled with **ART!**

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

Our talented teaching artists 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.

## JULY 25-AUGUST 1, 2027







# 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 11 | By April 30 | After May 1 |
|---|---|---|---|
| | $458 | $478 | $498 |

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 secondary coverage while your camper is at VCBC and engaged in camp-sponsored activities. Our camper insurance begins where yours terminates.
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 _____