Welcome to Renew!

Hey friends, we look forward to seeing you at Budd Creek Baptist Camp in Greers Ferry, AR on September 19-20 for Renew Retreat!

The Line Up
This year the talented B.A.S.I.C. Worship (Brothers and Sisters in Christ), based out of East Union BC in Hensley AR, will be leading us in worship.

Alongside Kenny Haney, pastor of Memorial BC in DeQueen, AR, who will be bringing God's Word.

To the young adult or college student
We pray you come to Budd Creek with a desire to learn and be challenged by God's Word. Allow this weekend to be an opportunity for you to step away from the world and renew your relationship with Jesus.

To the college pastor or leader
We pray this weekend gives you a chance to connect with your group and build a deeper sense of community. We pray this weekend encourages you and equips you to go back to your campus with a renewed sense of purpose.

In Christ,
Brad Parker (870) 514-9807
Lucas Walling (870) 283-2721

RENEW RETREAT

AT BUDD CREEK BAPTIST CAMP

Registration

Registrar Contact: Ruthie Reaves at 501-297-1318 or ruthiejean9@gmail.com.

Registration is $50 per person.
Please fill out health forms before arriving and turn them in upon arrival.

REGISTER BY SEPT. 5, 2025.
Scan the QR to register online.

What to Bring

- Sheets or Sleeping Bag (Twin Beds)
- Pillow
- Clothes and Jacket
- Bible (If we put it first you overlook it)
- Pen and Notebook
- Toiletries/Hygiene Items
  - Shampoo, Soap, Deodorant, Toothbrush, Toothpaste, etc.
- Anything you need to look pretty
- Towel
- Laundry Bag
- Money for Concessions or Gift Shop

RENEW RETREAT

SEPT 19-20

AT BUDD CREEK BAPTIST CAMP

FRIDAY | SEPT. 19

7:00 PM – Check In
8:00 PM – Session 1
9:30 PM – Group Time
10:00 PM – The Hunt
11:00 PM – After Hours
12:00 AM – Lights Out

SATURDAY | SEPT. 20

7:30 AM – 8:30 AM – Breakfast
9:00 AM – Clean Up
10:00 AM – Session 2
11:30 AM – Group Time
12:00 PM – Lunch
1:30 PM – REC
3:00 PM – Session 3
4:30 PM – Goodbyes

RENEW RETREAT

SEPT. 19-20

A COLLEGE AGED RETREAT AT BUDD CREEK BAPTIST CAMP

REGISTER BY SEPT. 5

Budd Creek Camp Registration/Health Form

CampName:_____ CampDates:_____

Camper Name: _____

Camper Age _____ Camper Gender: Male/Female

Parent/Guardian Name: _____

Address:_____City/State/Zip: _____

Email: _____

Parent Phone: _____Cell Phone: _____

Name of Church: _____

Pastor/Sponsor Name: _____

Previous Camper? YES/NO When? _____ Is Camper a Christian? YES/NO

Medical Insurance Co. _____

Name of Policy Holder _____

Policy # _____

HEALTH INFORMATION The following information must be supplied with your registration in order to insure proper health care for your child. Circle the diseases which your child has had: MEASLES * MUMPS * WHOOPING COUGH * HERNIA * TYPHOID * COVID-19 * KIDNEY AILMENTS * SCARLET FEVER * CHICKEN POX * DIPTHERIA * POLIO * OTHER: _____

Immunizations Complete? _____ Is the Camper diabetic? _____

Is the Camper allergic? _____If YES, to what?_____

_____

Is the Camper subject to asthma, hay fever, poison ivy, headaches, tonsillitis, chronic sinus trouble? _____

Has the Camper recently been under a doctor's care? _____ If YES, explain:

_____

Is the Camper currently taking any prescription medicine? _____(If yes, List below and sign) Date of last tetanus shot? _____

By signing, I agree to wear a mask and social distance in accordance with the Arkansas Department of Health guidelines that are in place at Budd Creek. I acknowledge that participation/attendance at Budd Creek Baptist Camp involves risk to the camper (and the camper's parents/guardians) and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage and financial damage. I acknowledge and accept the risks associated with Budd Creek Baptist Camp. The camper (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activities, as well as for any medical treatment rendered to the camper that is authorized by Budd Creek Baptist Camp or its agents, employees, volunteers, or any other representative. Further, the camper (or parent/guardian) releases and promises to indemnify, defend, and hold harmless Budd Creek Baptist Camp for any injury arising directly or indirectly out of the activities, whether such injury arises out of negligence of Budd Creek Baptist Camp,

thecamper, or otherwise.

Parent/Guardian Sign: _____

MEDICATION FORM: Please list ALL medicationsyour child will have with him/her atcamp. For the Camper to keep the medication himself/herself, you must signand date the bottom of the form. Otherwise, all medication must be kept and administered by the camp nurse. Use the back of this form if more room is needed.

MEDICATION	TIME(S) TAKEN	DOSAGE(S)

_____ has my permission to keep his/her medication with him/her during camp.

_____

Parent/Guardian Signature **Date**