

**SPECIAL PEOPLE CAMP 2025  
CAMPER INFORMATION/ REGISTRATION**

**LAKEVIEW CONFERENCE CENTER - OCTOBER 14, 15, 16, 2025**

400 Private Road 6036 Palestine, Texas 75821

Driving directions are found at Lakeview Conference website: <https://lakeviewmcc.org/>.

**Arrival time begins at 10 A.M. Tuesday October 14, 2025**

**Pickup time: 1 P.M. Thursday October 16, 2025**

Arrival begins at 10:00 a.m. on Tuesday, Oct. 14, 2025, and ends with camper pickup after lunch,  
no later than 1 p.m., Thursday, Oct. 16, 2025.

**CAMPER QUALIFICATIONS:**

- \* Campers must be 18 years of age.
- \* Able to feed, bathe, dress themselves, and tend to their own toilet needs.
  - \* Not prone to violent rages.
- \* Able to function with other campers and camp staff.

**REGISTRATION/COST INFORMATION:**

- (1) You may complete the application online here and submit the fee via our online payment processor.
- (2) You may print the application and mail it with the fee to:

**Mike Beaty**  
(903) 288-3154  
C/O Special People Camp  
1684 VZ CR 2403  
Canton, Texas 75103

**REGISTRATION DATES:**

**Regular Registration: May 1 – Sept 1, 2025 - \$225.00.**

**Late Registration: Sept. 2 – Sept 22, 2025 - \$250.00.**

Admittance is conditional upon available space and counselor ratio. Registration covers meals, room, and activity supplies. Parents, Caregivers, and Guardians are welcome to attend all activities. However, an important ministry of Special People Camp is respite for caregivers and we encourage caregivers to consider taking advantage of this respite while your camper enjoys camp and making new friends.

**SCHOLARSHIPS:**

Scholarships, *if funds are available*, for campers, guardians, parents, and caregivers based on need and availability. For more information, please contact Mike Beaty at: [michbeaty@yahoo.com](mailto:michbeaty@yahoo.com)

**REFUNDS:**

Refunds will be made in full up to September 1, 2025. All other refunds will be ½ the tuition. In the event of a declared emergency, all registration fees will be refunded in full.

**PLEASE NOTE: TOBACCO, VAPING DEVICES, ALCOHOL AND ILLEGAL DRUGS ARE PROHIBITED AT SPECIAL PEOPLE CAMP.**

**CAMP STORE:**

*Special People Camp provides each camper \$10.00 to spend at the Camp Store.*

**Registrar and Camp Director must approve the application.**

Online registration for The Special People Camp is **complete** as soon as **payment is received by the camp registrar**. All campers will receive an email or written confirmation upon receipt of registration forms and payment.

Camper Legal Name: \_\_\_\_\_

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_      AGE: \_\_\_      Gender (circle one): Male Female

Name of person completing application: \_\_\_\_\_

Relationship: \_\_\_\_\_

Private Home: \_\_\_      Group Home: \_\_\_

Name of Group Home: \_\_\_\_\_

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

State: \_\_\_\_\_      Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_      Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Relationship: \_\_\_\_\_      Phone: \_\_\_\_\_

**MEDICATION, MEDICAL DEVICES/EQUIPMENT:** Please fill in the Camper Medical Information in full. Mark N/A on lines that do not apply. **CPAP PATIENTS SHOULD BRING THEIR OWN MACHINES AND DISTILLED WATER TO USE AT NIGHT.**

**Allergies:** \_\_\_\_\_

**Dietary Restrictions:** \_\_\_\_\_

**Physician Name/Phone:** \_\_\_\_\_

**Health Insurance Provider:** \_\_\_\_\_

**Health Insurance Policy #:** \_\_\_\_\_ **Insurance Phone #:** \_\_\_\_\_

Medical conditions, other concerns not listed above, please use the back or add pages.

**List all behavior(s) unique to camper that will help the staff to know your Camper better. Use back if necessary.**

<b>Medication</b>	<b>Time</b>	<b>A.M.</b>	<b>P.M.</b>

**BY MY SIGNATURE, I INDICATE THAT TO THE BEST OF MY KNOWLEDGE, ALL MEDICAL INFORMATION LISTED ABOVE IS ACCURATE.**

**Signature:** \_\_\_\_\_

Circle One: Parent Legal Guardian

Camper Legal Name \_\_\_\_\_

**PHOTOGRAPHY:** By registering for Special People Camp, guardian/parent gives permission for campers to be photographed for group keepsakes and publicity for Special People Camp, Inc. Like and Follow SpecialPeopleCamp on Facebook for pictures of activities and information.

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**PACKING LIST**

\_\_\_ PILLOW \_\_\_ TWIN SIZE BED SHEETS \_\_\_ BLANKET \_\_\_ TOWEL \_\_\_ WASH CLOTH \_\_\_ SOAP \_\_\_ SHAMPOO \_\_\_ TOOTHBRUSH \_\_\_ TOOTHPASTE \_\_\_ COMB \_\_\_ DEODORANT \_\_\_ FLASHLIGHT \_\_\_ BIBLE \_\_\_ LIGHT JACKET \_\_\_ RAIN GEAR/UMBRELLA \_\_\_ SHAVING GEAR FOR MEN \_\_\_ COMFORTABLE WALKING SHOES \_\_\_ COMFORTABLE CLOTHES FOR 3 DAYS (NO DRESS UP CLOTHES NEEDED) \_\_\_ MUSICAL INSTRUMENT, COSTUMES OR ITEMS NEEDED FOR TALENT SHOW

Are you coming to camp with a friend you want to room with? \_\_\_ yes \_\_\_ no

Name of requested roommate. \_\_\_\_\_

T-Shirt Size (circle one): S M L XL XXL XXXL XXXXL

**PARENT OR GUARDIAN PERMISSION**

I agree to allow my child or client \_\_\_\_\_ whose date of birth is \_\_\_\_\_ to participate in Special People Camp 2025. By signing, I understand however, that neither any Special People Camp Board Member or any other volunteers will be held liable for any accident, injury, or illness that might occur.

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**