

**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
1687 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

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.

Medication	Time	A.M.	P.M.

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 _____

Page 3

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