PRODIGAL



THE BOGG 2025 - July 7th-11th













RNWN **WRSHP**











BOGG 2025



MONDAY

10am-2:30pm Checkin (Cafeteria)

3:30pm Leader/Sponsor Meeting Luke 15:11-32

4:30pm All Camper Meeting

5:00pm Supper

7:00pm Worship

10:00pm Late Night - Fireworks/Ice Cream

11:00pm Lights Out

TUESDAY - THURSDAY

7:30am Leaders Coffee

8:00am Breakfast

9:15am Morning Kick-Off (Worship Center)

9:45am BOGG Rec Time

11:45am All Campers in Worship

12:00pm Lunch

1:30pm-2pm Church Time

2:30pm-5pm Tournaments/Free Time/Swim Time

2:30pm-3:30pm Girls

3:30pm-4:30pm Boys

5:30pm Supper

7:00pm Worship

10:00pm LateNight

Tuesday - Minute to Win it

Wednesday - Boomer Vs. Zoomer

Thursday - Celebration

FRIDAY

7:30am - Breakfast

Clean Camp

Depart Home



The BOGG Student Info For Registration

Cam	pers	First	Name	: :				
Campers Last Name:								
Gender (circle one): Male or Female								
Students Age:								
Grade Just Finished (circle one): 6th 7th 8th 9th 10th 11th 12th								
					CII -	LTCII	12(11	
Shirt Size (circle one):								
XS	S	M	L XL	2XL	3XL	4XL		

CAMPER REGISTRATION FORM

MEDICAL AUTHORIZATION & PHOTO CONSENT CAMPER INFORMATION NAME: _____ ADDRESS:_____ CITY, STATE, ZIP:_____ PHONE: (______) _____ DOB:_____/ ____ AGE:_____ SEX: M / F GRADE JUST COMPLETED:______ T-SHIRT SIZE:_____ CHURCH ATTENDING WITH:_____ IN CASE OF EMERGENCY, CONTACT: NAME:____ PHONE: (______) _____ ALT PHONE: (______) _____ NAME: _____ PHONE: (______) _____ ALT PHONE: (______) ____ Has camper recently been under a doctor's care? YES / NO Are there any allergies or special health problems of which the medical staff should know? If yes, please attach a sheet with description. CONSENT FOR MEDICAL TREATMENT: I give my full permission for my son/daughter/legal ward to attend camp and to take part in all activities including the eating of spicy foods. He/she will not attend if he/she has been exposed to a contagious disease, or if he/she is not in good physical condition. I do not hold the camp personnel or sponsor responsible for any accident or illness and, if necessary, authorize the camp personnel or sponsors to take my child to a medical facility. I also give my full consent for the medical facility selected to render professional services to my child if he/she becomes ill or is involved in an accident. I further give my consent for my child to be photographed and/or filmed for the purpose of the camp video, printed publications, and camp website. HEALTH INSURANCE COMPANY: _____ POLICY # _____ GROUP # _____

Parent / Guardian Signature & Date _____