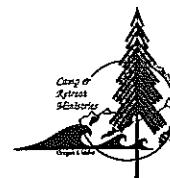




Strength for the Journey

An Enriching Experience for Persons Living with HIV/AIDS
Camp and Retreat Ministry of the Oregon-Idaho Conference



Dear Camper,

Welcome to Strength for the Journey! In order to be prepared for your arrival, please read, complete and return the enclosed forms in the **enclosed envelope** ASAP or not later than August 10th:

- Camper Information Form
- Medical Form (History, Medications & Permissions)

Mail forms to: Joanne Rannells, Suttle Lake Camp 29551 Suttle Lake Rd Sisters, OR 97759

All forms will be kept "sealed" and on file for 7 years by the Board of Camp and Retreat Ministries of the Oregon-Idaho United Methodist Conference as per policy. All information reported on the above forms will be seen only by the Dean of the camp and the medical staff. Release of this information will occur only with the written permission of you, the camper, or your next of kin.

We look forward to seeing you beginning Sunday, August 23rd! Also included in this packet are the:

- What To Bring Checklist
- Map to SFTJ Suttle Lake
- Map of Suttle Lake Camp
- SFTJ Schedule

Great activities await you including bodywork, t-shirt painting, tie-dye (please bring your own item to dye), nature walks, canoeing, swimming, gourds, night owl cafe, good food, circle of remembrance and the return of the Sweat Lodge Purification Lodge.

We have a terrific staff again this year. Every staff person and camper will be assigned to a small group where they will have the opportunity to network and get to know each other better. We believe you will find this group a meaningful experience during your time at Strength for the Journey.

It wouldn't be camp without evening campfires. If you play a musical instrument, please bring it. Rhythm instruments are fun too, so bring them along! The Tuesday night talent show promises to be a fabulous affair, so be sure to plan your act and bring CD's and costumes!

The mountains of central Oregon are often quite chilly at night, even in August. In contrast, it can also become quite warm during the day, so bring a range of clothing.

• FLASHLIGHTS ARE ESSENTIAL FOR GETTING AROUND SAFELY AT NIGHT •

Sleeping is in cabins. All housing is dorm style with each cabin shared by 4 people. There will be empty bunks where you can store your belongings. There will be no individual or private cabins available. Restrooms and showers are in separate rustic buildings. You may want to wear flip-flops in the showers, which have concrete floors. There will be snacks available 24 hours a day. You may also want to bring your favorite book, table game, DVD's, etc. We will provide a quilt to all first-time campers, returning campers may wish to bring a quilt they received in past years.

Transportation is being set up from information you submitted. If your plans have changed, or if you have not heard from us by August 15, please call Vicki Zook at 503-577-2856 or Kim Sharp at 503-577-2854 after 7 pm or Inliter97216@gmail.com.

Registration is 1:00 to 4:00 pm on Sunday, August 23rd. Please make sure to eat lunch before you arrive at camp. The first meal served will be dinner Sunday evening. Camp ends at 1:00 pm on Wednesday, August 27. Campers needing special arrangements must contact us in advance.

• PLEASE DO NOT ARRIVE BEFORE 1:00 PM ON SUNDAY •

Respectfully yours,

Terry Crawford, Dean SFTJ 2009



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Camper 'What to Bring' Checklist

* Optional Items

Medications:

ALL Medications must be in Original Bottles/Packaging as indicated on the Health Form.

Bedding:

Sleeping Bag or Sheets & Blankets Pillow

Clothing:

Clothing for 4 days (hot days or cool/cold nights) Jacket and/or Sweater
 Hiking Boots & Casual Shoes Pajamas (cabin groups of 4)
 Swimsuit/Swim Shorts* Thongs for Shower*
 Raingear & Umbrella (after all it's Oregon)
 Challenge Course Clothing (closed toe shoes, long sleeve and long pants)

Personal Toilet Items:

Shampoo, Soap, Toothbrush, Toothpaste, etc. Towel & Wash Cloth

Personal Items:

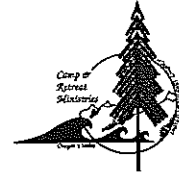
Notebook & Pen Flashlight
 Camera* Reading Material*
 Lawn Chair* Writing Paper & Envelopes*
 Returning Campers: SFTJ Quilt* Talent Show Costumes & Props*
 Favorite Table Games, Puzzles, Cards, etc.* Cabin Decorations*
 Musical Instruments for Talent Show/Camp Fire* Magazines/Books to share*
 Tapes/CD's* Videos/DVD's*

REMEMBER TO PUT YOUR NAME ON ALL ITEMS YOU BRING TO SHARE!



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IMPORTANT NOTICE



SFTJ is a CLEAN & SOBER camp!

No illegal drugs, alcohol or controlled substances are allowed in camp!

Strength for the Journey is a DRUG & ALCOHOL free retreat!

Illegal drug use endangers other campers' recovery!

DRUG ABUSE WILL NOT BE TOLERATED

Campers found using will be sent home immediately. If evidence of drug use is found and no camper steps forward, the camp may have to be terminated and everyone sent home. If you cannot leave illegal drugs at home, please do not come to Strength for the Journey.

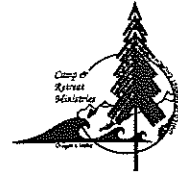
MEDICAL MARIJUANA

If you are approved for medical marijuana, you must bring your Oregon card. Medical marijuana doses will be treated like any prescription – they will be done singly, not in a social situation with more than one person. Failure to follow these ground rules jeopardizes the very existence of Strength for the Journey. Please respect the law and the many campers who live in recovery.



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2009 Schedule

SUNDAY, August 23

1:00 - 4:00 pm	Campers arrive & Register
4:00 - 5:00 pm	Orientation
5:15 - 6:15 pm	Dinner/KP with small group
6:30 - 8:00 pm	Small Group Session I
8:30 - 10:00 pm	Campfire/Fellowship

MONDAY, August 24

7:30 - 8:00 am	Spiritual Centering
8:00 - 9:00 am	Breakfast/KP
9:00 - 11:00 am	Free Time/Interest Activities
11:00 - 12:30 pm	Small Groups Session II
12:30 - 1:30 pm	Lunch/KP
1:30 - 2:00 pm	Camp Picture
2:00 - 5:30 pm	Free Time/Interest Activities
5:30 - 6:30 pm	Dinner/KP
7:00 - 8:30 pm	Campfire/ Fellowship

TUESDAY August 25

7:30 - 8:00 am	Spiritual Centering
8:00 - 9:00 am	Breakfast/KP
9:00 - 9:30 am	Pack up Lunches
9:30 - 11:00 am	Small Groups Session III
11:00 - 5:30 pm	Free Time/Interest Activities
5:30 - 6:30 pm	Dinner/KP
7:00 - 8:30 pm	Talent Show
8:30 - 10:00 pm	Campfire/Fellowship

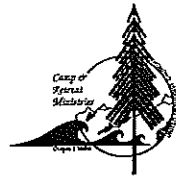
WEDNESDAY, August 26

7:30 - 8:00 am	Spiritual Centering
8:00 - 9:00 am	Breakfast/KP
9:00 - 9:30 am	Pack up lunches
9:30 - 10:00 am	Pick-up and Pack-Up
10:00 - 10:45 am	Small Group Session IV
11:00 - 11:30 am	Remembrance Circle
11:45 - 12:45 pm	Spiritual Celebration
12:45 - 1:30 pm	Lunch/Campers Depart
1:30 - 3:00 pm	Clean-Up



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CONFIDENTIAL CAMPER INFORMATION

Full Name: _____ Name Tag Name: _____

Mailing Address: _____

Street Address: _____

Phone - Daytime: _____ Evening: _____

E-mail Address: _____ Date of Birth: ____/____/____

Do you want your name, mailing address, phone & e-mail on the camper list? YES NO

Gender: Male Female

Diagnosis: HIV+ AIDS

T-Shirt Size: M L XL XXL

Caretaker/Partner: _____

Street Address: _____

Phone - Daytime: _____ Evening: _____

E-mail Address: _____

2nd Emergency Contact: _____

Street Address: _____

Phone - Daytime: _____ Evening: _____

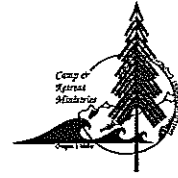
E-mail Address: _____

We invite you to write a paragraph about yourself. Tell us what you would like us to know about you, your family, your hobbies, skills, likes and dislikes.



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CONFIDENTIAL FOOD & TRANSPORTATION

FOOD:

- Please list all food intolerance

- Please list all food allergies:

- Please list any food needs:

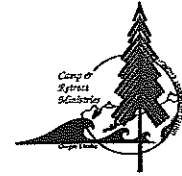
TRANSPORTATION:

If you need or can provide transportation to/from camp, please provide us with that information here.



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CONFIDENTIAL MEDICAL HISTORY

First Name: _____ Last Name: _____

Diagnosis: HIV+ AIDS Last CD4 Count: _____

Date of Last Tetanus shot: _____ Last Viral Load: _____

Drug Allergies: _____ Other Allergies: _____

Are you allergic to bees? YES NO If yes, PLEASE BRING BEE STING KIT!

Please indicate if you have been diagnosed, and are currently being treated for:

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding/Clotting Problems | <input type="checkbox"/> Cold/Flu |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Dementia | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Heart Defect/Disease |
| <input type="checkbox"/> Hepatitis A, B, C | <input type="checkbox"/> Herpes | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Opportunistic Infection: _____ | <input type="checkbox"/> Opportunistic Infection: _____ | |

If you checked any of the conditions above, please describe below:

Condition	Description: Please include date, frequency, if necessary.

Operations/Serious Injuries. Please Describe!

Date	Operation/Injuries

• Other helpful information for camp/medical personnel related to your medical/physical needs:

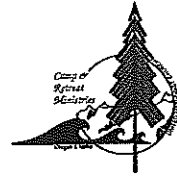
• Please describe the nature and degree of physical disabilities you are currently living with:

• Please list appliances/equipment you are currently using as a result of medical disabilities:



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CONFIDENTIAL MEDICAL PERMISSION & RELEASE FORM

I (print name) _____ give emergency authorization to the medical personnel selected by the camp/retreat center staff to order X-rays, routine tests and treatment. I hereby give permission to the physician selected by the camp/retreat center personnel to hospitalize, secure proper treatment for, and/or to order injection and/or anesthesia and/or surgery for me if necessary.

Medical/Hospital Insurance

Do you carry medical/ hospital insurance? YES NO If YES please list:

Company/Carrier: _____ Group #: _____

Address: _____ Phone: _____

Personal Physician's Name: _____ Phone: _____

Address: _____

Dentist's Name: _____ Phone: _____

Address: _____

MEDICATIONS

I (print name) _____ understand that I am responsible for my own medications with following exception. Because law requires all controlled drugs, Schedule II and III, to be dispensed by a licensed nurse while on these camp premises. I understand I will be required to secure these medications in a locked area provided by the medical staff.

LIABILITY

I (print name) _____ do hereby affirm that the camp, its staff and volunteers are held harmless from any liability claims, judgments and costs incurred during my stay at the facility or involvement in the camp and retreat experience.

First Name: _____ Last Name: _____

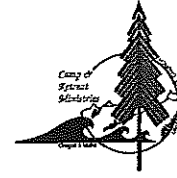
Address: _____ Phone: _____

Signed: _____ Date: _____



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CONFIDENTIAL MEDICATION INFORMATION

Please read the following carefully, provide the requested information for each prescription and non-prescription medication brought to the event, and sign where indicated. Please include homeopathic remedies. Please inform nursing staff if you need assistance in administering any drugs. Please note this report will be kept and filed with your confidential information sheet for 7 years.

I (print name) _____ UNDERSTAND THAT:

- All Medications both prescription and non-prescription brought to camp must be in their original bottle or packaging. All medications must show the following information on each label/package:
 - Name of medication
 - Name of individual to receive medication
 - Directions on how medication is to be given
 - Dosage to be given
 - When medication is to be given (time/frequency)
 - Expiration date
 - Name of prescribing doctor and doctor's phone number.
- A list of all medications, both prescription and non-prescription, brought to camp must be reported and the list on file in the medical director's office.
- All Schedule II and III drugs will be locked and dispensed by the nursing staff according to Suttle Lake Camp policy.
- Strength For The Journey is a "clean and sober" camp and no illegal drugs, alcohol or any controlled substances are allowed in camp!

MEDICATION	DOSAGE	FREQUENCY	REASON FOR TAKING
e.g. Tylenol	2 tablets orally	Every 4 hours as needed	Headaches

First Name: _____ Last Name: _____

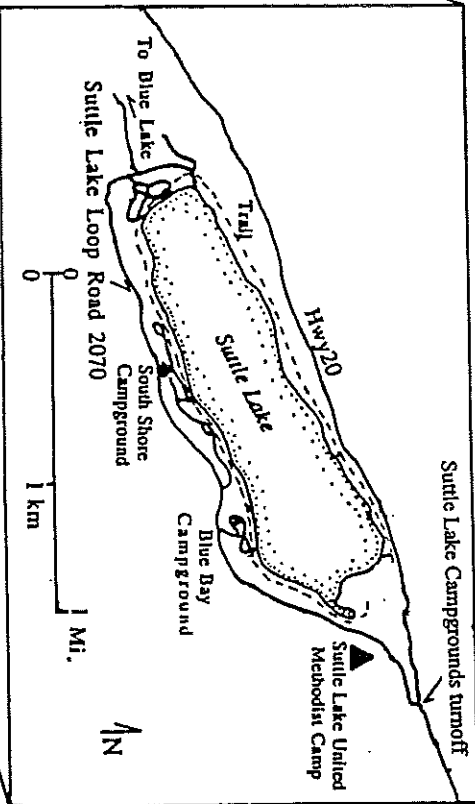
Signed: _____ Date: _____

FINDING SUTTLE LAKE UNITED METHODIST CAMP

29551 SW Suttle Lake Rd., Sisters, Oregon 97759
(541) 595-6663

Southbound on Interstate 5:
Take exit 253 at Salem east onto Highway 22. Proceed eighty-three miles through Detroit to the junction with Hwy 126/20. Merge left. Continue thirteen miles east to the Suttle Lake Campgrounds turnoff. At Suttle Lake proceed south onto Suttle Lake Loop Road 2070. The Suttle Lake United Methodist Camp parking lot will be on your left 0.3 miles from the highway.

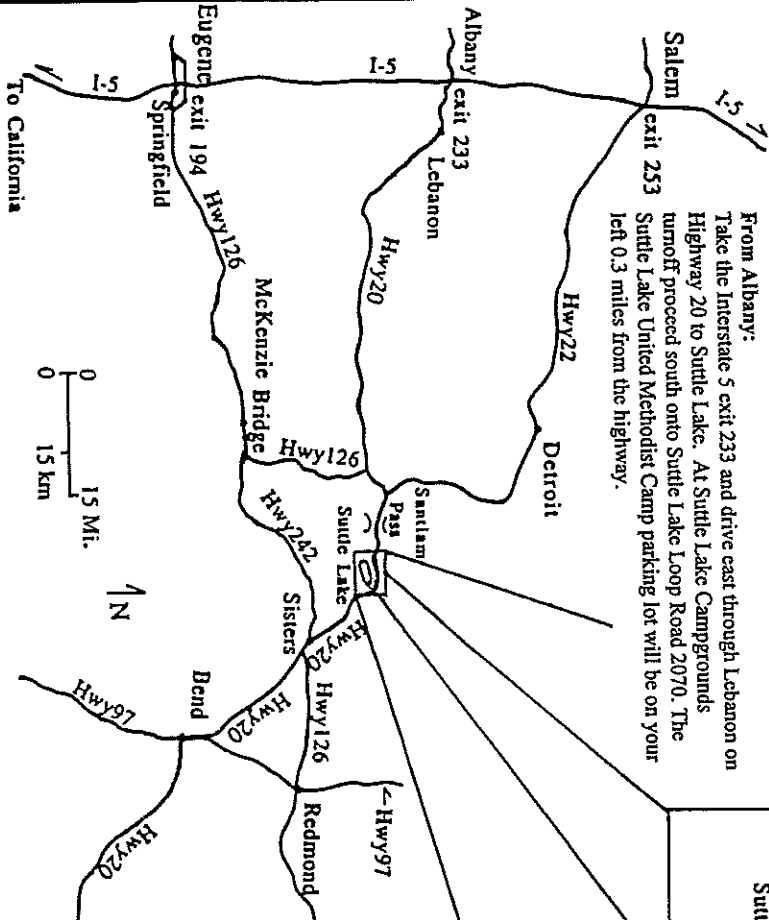
From Albany:
Take the Interstate 5 exit 233 and drive east through Lebanon on Highway 20 to Suttle Lake. At Suttle Lake Campgrounds turnoff proceed south onto Suttle Lake Loop Road 2070. The Suttle Lake United Methodist Camp parking lot will be on your left 0.3 miles from the highway.



Southbound on Highway 97:
From Redmond travel twenty miles west on Highway 126 to Sisters. From Sisters, continue northwest on Highway 126/20 thirteen miles to the Suttle Lake Campgrounds turnoff. At Suttle Lake proceed south onto Suttle Lake Loop Road 2070. The Suttle Lake United Methodist Camp parking lot will be on your left 0.3 miles from the highway.

Northbound on Interstate 5:
Take exit 194A, Highway 126 East, the McKenzie River Highway and proceed eighty-nine miles passing the McKenzie Bridge and the junction of Highway 20 and Highway 22. Travel north on Highway 126/20. Keep to the right at the junction of Highway 20 and proceed east to the Suttle Lake Campgrounds turnoff. At Suttle Lake proceed south onto Suttle Lake Loop Road 2070. The Suttle Lake United Methodist Camp parking lot will be on your left 0.3 miles from the highway.

Northbound on Highway 97:
From Bend, travel twenty-one miles northwest on Highway 20 to Sisters, from Sisters proceed north on Highway 126/20 for thirteen miles to the Suttle Lake Campgrounds turnoff. At Suttle Lake proceed south onto Suttle Lake Loop Road 2070. The Suttle Lake United Methodist Camp parking lot will be on your left 0.3 miles from the highway.



Sources: USGS Black Butte, 1:24,000, 1988
USFS Deschutes National Forest, 1988
ODOT State Highway Map, 1993

Neither The United Methodist Church, nor the University of Oregon nor any of their employees, officers, agents, or students warrant the accuracy or completeness of this map or the accompanying directions.

Map courtesy Department of Geography,
University of Oregon, 1994.

Eddie Kahl, 1993

