



St. Matthew's Lutheran Church 2026 Music Camp

We are putting on a musical!

It's Cool in the Furnace

Celebrating more than 35 years of ministry with young singers, this outstanding, easily staged musical tells the timeless story of Daniel, King Nebuchadnezzar, Shadrach, Meshach and Abednego." It's Cool" will entertain yet still impart the great truth of the God's faithfulness to his devoted children.

. This year's summer camp will meet on the following days:

July 6-16 9:00 - Noon

July 17 – 9:00– 12:30 (pizza lunch provided)

The musical will be presented on Sunday, July 19 at the 10:00 service at St. Matthew's Lutheran Church. Participation in the presentation is required.

Open to children who have completed kindergarten through high school

Child's Name: _____ Grade completed: _____ Birthday: _____

Address: _____

City, Zip code: _____

Phone number: _____ Cell number: _____

Email: _____

T-shirt size: (circle one)

Child Small

Child Medium

Child Large

Adult Small

Adult Medium

Adult Large

Adult X-Large

Date Paid: _____

For Parent: I am willing to help:

____supervise T-shirt painting

____help serve lunch on July 17

Please enclose \$35.00 for each child attending.

(\$30 per child if more than 1 per family attending)

Register by May 15 to secure a spot

COMPLETE EMERGENCY CONTACT AND MEDICAL RELEASE INFORMATION ON THE BACK OF THIS FORM.

Need more information? Contact Kathy Lundgren at KLundgren@stmatthewsva.org

EMERGENCY CONTACT AND MEDICAL RELEASE INFORMATION

Emergency Contacts: (name and daytime phone number)

Mother _____ phone _____

Father _____ phone _____

Other _____ phone _____

Health information of possible concern to staff (allergies, dietary, EpiPen, etc.)

Medical Release: I give my permission for any and all medical attention necessary to be administered under the direction of St. Matthew's Lutheran Church staff to the above named child(ren) in the event of an accident, injury, sickness, etc. July 6-19, 2026

I assume the responsibility for payment of such treatment.

_____ (Parent Signature)

(Date) _____

Physician: _____

Phone Number: _____

Insurance Company: _____

Policy Number: _____

Permission to Post Photos on St. Matthew's Facebook Page:

I give permission for my child's photo to be shared on St. Matthew's Facebook Page:

_____ Signature

Return in the church offering or to the office by May 15