



The throttles on the steam engine are wide open!

Hang on for the ride of your life as The Wilds of New England steams into the station for a summer full of fun and inspiration. Climb aboard and enjoy unique Freetime activities, delicious meals from the galley, and powerful biblical preaching that will challenge and encourage your walk with God. Join us for an unforgettable week of camping adventure and excitement. Grab your ticket and head to the station—we'll see you on the Right Track!



SPONSORS | \$440

Limited sponsor housing is available. We cannot accommodate non camper children. For more information please contact us by phone or email.

TEEN CAMP

June 14-19	Nathan Mestler	
June 21-26	Caleb Phelps	
June 28-July 3	Joe Fant	
July 5-10	Ron DeGarde	
July 12-17	Aaron Coffey	
July 19-24	Morris Gleiser	
Aug 2-7	Rand Hummel	

Regular Price: \$455

DISCOUNTS:

Early Bird #1: \$415 (registrations received or postmarked **by** March 1, 2027)

Early Bird #2: \$430 (registrations received or postmarked **by** April 2, 2027)

Camper Memory Packet | \$30

Teen campers must be at least 12 years old by September 1, 2027, and either entering Grades 7-12 in the fall of 2027 or a 2027 high school graduate.

JUNIOR CAMP

June 7-12	Bob Loggans	
July 26-31	Adam Morgan	

Regular Price: \$445

DISCOUNTS:

Early Bird #1: \$405 (registrations received or postmarked **by** March 1, 2027)

Early Bird #2: \$420 (registrations received or postmarked **by** April 2, 2027)

Camper Memory Packet | \$30 (shirt, book, and pictures)

Junior campers must be at least 9 years old by September 1, 2027, and entering Grades 4-7 in the fall of 2027.

Registration Details

- Registrations are processed in the order they are received.
- A **nonrefundable \$75 registration fee** per person must accompany each registration.
- Final balance is due upon arrival at camp.



FAMILY CAMP

August 9-13	Peter Grant	
-------------	-------------	--

Spend five unforgettable days at The Wilds of New England Family Camp, crafting memories to last a lifetime. Laugh as a family. Play as a team. Learn side by side. Pray in unity. Enjoy five action-packed days filled with thrilling activities—Laser Tag, Zipline, Jump Tower, campfires, hayrides, and more—combined with Christ-honoring times in the Word tailored for all ages. This is the family vacation you won't want to miss!

Per person	Inn/Cottage	Cabins
Adults.....	\$265.....	\$225.....
Ages 9-18.....	\$225.....	\$195.....
Ages 3-8.....	\$190.....	\$150.....
Ages 0-2.....	\$40.....	\$40.....
Check-in:	4:00-5:00 p.m. Monday	
Program Ends:	Friday after brunch	

Registrations: Registrations are confirmed when the completed registration form and the required \$150 registration fee are received in our office. If you choose to fax the registration, a credit card number (Discover, MasterCard, or VISA only) must be written in the space provided. Balance is due upon arrival. Lodging recommendations are available upon request.

Cancellation Policy: We ask for advance notice of cancellations so families on waiting lists can make adequate preparation. Those who notify the office of cancellations at least 60 days before the camp begins will receive a refund of their registration fee. Registration fees and reservations cannot be transferred to future camps. No refunds of registration fees will be made after the 60-day deadline. Thank you for considering other guests.



CIT

CAMPER IN TRAINING

June 28-July 10 Josh Hummel/Steve Stodola



COST CIT program: \$770

Camper-In-Training (CIT) is a two-week leadership program designed to develop Christlike character and servant-hearted leadership. Teens must be entering at least 11th grade to apply, and must complete the online CIT application and three recommendations by February 1 to be considered.

Learn more at wildsne.org/camps/camper-in-training

DIRECTIONS TO THE WILDS OF NEW ENGLAND

From Interstate 91: Take I-91 to Exit 3 for Brattleboro, VT/Route 9. Follow Route 9 toward Keene. Continue on Route 9 approximately 26 miles through Keene to the Hillsborough exit (Route 202). Turn right at the end of the ramp. At the first stop light turn left onto Main Street and follow approximately 2 miles. Turn right onto Route 149/Bridge Street. Follow Route 149 approximately 6 miles to the camp entrance on the left.

From Manchester, NH: Take Route 114 through Goffstown into Weare. After Country Three Corners Store and Lumberyard, turn left onto Dustin Tavern Road. Take an immediate right onto Deering Center Road/Route 149. Follow Route 149 approximately 6 miles to the camp entrance on the right.

CONTACT US

- 1181 Deering Center Road, Deering, NH 03244
- Phone: (603) 529-0001
- Fax: (864) 331-3285
- www.wildsne.org
- twne.summer.camps@wilds.org



REGISTER ONLINE: wilds.org/register



Please Select a Week of Camp:

Teen Camp **\$455**

(Grades 7-12 & must be age 12 by Sept. 1, 2027)

- ☐ June 14-19 Nathan Mestler
☐ June 21-26 Caleb Phelps
☐ June 28-July 3 Joe Fant
☐ July 5-10 Ron DeGarde
☐ July 12-17 Aaron Coffey
☐ July 19-24 Morris Gleiser
☐ August 2-7 Rand Hummel

Junior Camp **\$445**

(Grades 4-7 & must be age 9 by Sept. 1, 2027)

- ☐ June 7-12 Bob Loggans
☐ July 26-31 Adam Morgan

Optional for Teen & Junior Camp:

- ☐ Camper Memory Packet \$30
(shirt, book, and pictures)

Signatures Required *for application to be processed*

"I have read the general information section in this brochure, and I agree to comply with the dress and conduct regulations while at camp."



Signature of camper

"I have read the general information page, and I agree to support The Wilds in their dress and conduct regulations for my child while at camp. I understand my child's camp experience may be photographed or video recorded for marketing and business development purposes. In case of a medical or other emergency, I understand every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the caregiver or physician selected by the camp director to care for, hospitalize and secure proper treatment for, and order injection and anesthesia or surgery for my child as named above. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I also affirm that the medical information on this form is complete and correct, and I give my permission for the camp nurse or designated staff to administer over-the-counter (OTC) medications, as needed, to my child during their stay at camp."



Signature of parent or guardian

Medical Information

Please print clearly

Camper's physician

Phone ()

Each camper must be immunized against the following: polio, measles, mumps, rubella, diphtheria, pertussis, and tetanus. Date of last tetanus shot _____

The State of New Hampshire requires camps to have immunization records and proof of a recent (within the past two years) physical on file. Please have your child's doctor send the immunization records and paperwork from the most recent physical to The Wilds of New England.

Medication taken regularly (If the camper uses an inhaler or epi-pen, please send a copy of the original prescription.) _____

Reasons for taking medication _____

Specific Allergies:

Medication _____
Insects _____
Food _____
Other _____
Type of allergic reaction _____
Treatment given _____
Preexisting medical conditions _____
Specific activities to be restricted _____
Reason for restriction _____

All registrations are processed in the order they are received. To pay your registration fee, please fax this form with your credit card information or mail the form with your check or credit card information.

☐ Charge \$75 nonrefundable reg fee ☐ Charge Total Amount



Exp.

Date

CVV#

Card Number

Print name as it appears on card

Billing Zip Code

Signature of cardholder _____

Name _____

Grade in Sept. 2027 _____

Age _____ Date of Birth _____ / _____ / _____

Address _____

City _____ State _____ Zip _____

Home phone () _____

Email: _____

My choice to room with _____
(One choice only, first and last name, see *Grade Level Breakdown)

Church name _____ State _____

City _____

Pastor _____

- ☐ Male Camper
☐ Female Camper
☐ Adult Sponsor

- ☐ Church Group
☐ Individual

Signatures Required *for application to be processed*

"I have read the general information section in this brochure, and I agree to comply with the dress and conduct regulations while at camp."



Signature of camper

"I have read the general information page, and I agree to support The Wilds in their dress and conduct regulations for my child while at camp. I understand my child's camp experience may be photographed or video recorded for marketing and business development purposes. In case of a medical or other emergency, I understand every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the caregiver or physician selected by the camp director to care for, hospitalize and secure proper treatment for, and order injection and anesthesia or surgery for my child as named above. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I also affirm that the medical information on this form is complete and correct, and I give my permission for the camp nurse or designated staff to administer over-the-counter (OTC) medications, as needed, to my child during their stay at camp."



Signature of parent or guardian

Medical Information

Please print clearly

Camper's physician

Phone ()

Each camper must be immunized against the following: polio, measles, mumps, rubella, diphtheria, pertussis, and tetanus. Date of last tetanus shot _____

The State of New Hampshire requires camps to have immunization records and proof of a recent (within the past two years) physical on file. Please have your child's doctor send the immunization records and paperwork from the most recent physical to The Wilds of New England.

Medication taken regularly (If the camper uses an inhaler or epi-pen, please send a copy of the original prescription.) _____

Reasons for taking medication _____

GENERAL INFORMATION

Registrations are confirmed after the completed registration form with the required, nonrefundable registration fee is received in our office. All campers and sponsors are required to have a completed liability waiver.

Arrival: Check-in is from 2:30 - 4:30 p.m. on Monday. The camp program will begin at 5:00 p.m. (Please try to arrive before 4:30 p.m.)

Departure: Camper pick-up is on Saturday from 8:00 - 9:00 a.m.

What to bring: Bible, bedding, pillow, towels, toiletries, camera, flashlight, swimsuit, jacket, sports clothes for activities, nice casual clothes for evening services, and at least one old pair of tennis shoes. Many campers spend \$50-\$75 at our retail locations. Money can be loaded onto WildsPay bands prior to camp or campers may bring cash to spend.

Do not bring: Alcoholic beverages, drugs, tobacco or cigarettes of any kind, fireworks, ammunition, guns, weapons, scooters, skateboards, rollerblades, drones, or apparel with inappropriate graphics or lettering. Campers should not bring cell phones, smart watches, or any other type of media device (excludes digital cameras). Campers who use tobacco or cigarettes of any kind, alcohol, or any form of illegal drugs will be dismissed. Any noncooperative or noncompliant campers will be subject to dismissal.

We ask that campers wear clothing appropriate for the casual, Christian camp atmosphere.

Men/Boys: Clothing should be loose-fitting and shorts should come close to the knee. Please no gaping tank tops. For evening services, please avoid athletic-wear. For swimming, please wear dark shirts and shorts/swim trunks.

Ladies/Girls: Clothing should be loose-fitting and cover midriffs and undergarments. Shorts should come close to the knee and skirts and dresses should come to the knee. Please no low necklines, narrow shoulder straps, or tank tops. For evening services, please avoid athletic-wear. For swimming, please wear dark shirts and shorts over swimwear.

The Wilds reserves the right to ask anyone to change his or her outfit if, in the estimation of the staff, it does not comply with this policy.

Lost and found: Lost items not requested within 30 days will be disposed of.

Camp nurse: A registered nurse will be on duty at all times. Special instructions will be given at camp for those taking medications. For the protection of the campers, we are unable to retain campers with contagious conditions such as chickenpox or lice. The camp has a "nit-free" policy. All campers need to be checked for lice prior to arrival at camp, and only those campers who are "nit-free" should be allowed to come.

Meals: All meals are included in the price of the camping program. Those on special diets must bring their own necessary supplements that can be prepared in a microwave.

Late arrivals: Should your arrival be delayed past 5:00 p.m., please call the camp office at (603) 529-0001 to hold reservations and give us an estimated arrival time.

ATTENTION PARENTS & YOUTH WORKERS:

- Campers do not have access to phones except for emergencies.
- Campers are expected to stay the entire camp period except for sickness or an emergency at home.
- Please mark all luggage and clothing with the camper's name.
- When writing a camper, please use the camp address listed below. Please be sure the camper's name is on the front of the envelope.
- The Bible is the source and substance of our preaching, teaching, and counseling.



1181 Deering Center Road, Deering, NH 03244



Phone: (603) 529-0001



Fax: (864) 331-3285



www.wildsne.org



twne.summer.camps@wilds.org



REGISTER ONLINE:
wilds.org/register

Registration Form for The Wilds of New England Family Camp August 9-13, 2027

Rev./Dr./Mr./Mrs. _____

DOB* _____ / _____ / _____

Spouse's first name (if attending) _____

DOB* _____ / _____ / _____

*Collected for medical/legal purposes

Names of children attending Family Camp	Grade Sept. 2027	Date of birth	Gender
		/ /	☐ M ☐ F
		/ /	☐ M ☐ F
		/ /	☐ M ☐ F
		/ /	☐ M ☐ F
		/ /	☐ M ☐ F
		/ /	☐ M ☐ F
		/ /	☐ M ☐ F

Address _____
City _____ State _____ Zip _____

Phone () _____
☐ Business ☐ Cell ☐ Home

Email _____

Church Name _____

City _____ State _____

A \$150 registration fee must accompany this form. Registration fees are refundable only if we are notified of the cancellation at least 60 days before the program begins.

To register online, go to www.wilds.org/register. Alternatively, you can fax or mail the form with your check or credit card information.

☐ Charge \$150 reg fee ☐ Charge Total Amount



Card Number _____

Exp. Date _____ CVW# _____ Billing Zip Code _____

Print name as it appears on card _____

Signature of cardholder _____

Contact Info:

The Wilds of New England
1181 Deering Center Rd. • Deering, NH 03244
Phone: (603) 529-0001 • Fax: (864) 331-3285

Office Use Only

Pd \$ _____

Due \$ _____