

# FELLOWSHIP OF CHRISTIAN ATHLETES



# 2012

## July 16-20

COVENANT PARK, ELLICOTT CITY, MD 21042



Register online [WWW.FCA.ORG](http://WWW.FCA.ORG) or Mail Registration on back of brochure

Power Camp 2012 is an incredible sports camp experience for boys and girls 7-13 year old.

Each day includes SOLID training from high school and college coaches and athletes,  
DYNAMIC speakers who have played at the collegiate/professional level,  
Bible studies, special competitions, and much more.

You choose your sport and we will provide the experience.

Boys—Football, Lacrosse or Soccer

Girls—Cheer/Dance, Lacrosse, Soccer or Volleyball

Registered before June 1

And receive a **FREE** subscription to Sharing The Victory magazine

# FELLOWSHIP OF CHRISTIAN ATHLETES



## CAMP CONTACTS:

Central Maryland FCA Director:  
Mike McMahon: 410-991-4779

Central Maryland FCA Admin:  
Ashley Whitney: 864-205-1398

Church Representative:  
Paul Marshall: 443-812-1066

**July 16  
To  
July 20**

**COVENANT PARK, ELLICOTT CITY, MD 8:30 AM - 4:00 PM**

Register online [WWW.FCACAMPS.ORG](http://WWW.FCACAMPS.ORG)  
Or mail in Registration Form below

**FREE** subscription to STV Magazine  
if registered by June 1

## REGISTRATION

### Select A Sport:

- Boys Football
- Boys Soccer
- Boys Lacrosse
- Girls Volleyball
- Girls Cheer/Dance
- Girls Soccer
- Girls Lacrosse

Select Shirt Size: \_\_\_\_\_

### Registration Form - Ellicott City Power Camp

Campers Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

(C) \_\_\_\_\_

Email: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade completed: \_\_\_\_\_

**\$150.00**

**PAYMENT**

**\$150.00**

Pay by: Check

Make checks payable to:  
Fellowship of Christian Athletes

Mail check and registration form to:  
FCA National Camp Office  
8701 Leeds Road  
Kansas City, MO 64129

Pay by: Credit Card

Discover  MasterCard  Visa

Expiration Date: \_\_\_\_\_

Card # \_\_\_\_\_

Security Code 3 digit # on back \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

(Print): \_\_\_\_\_

Signature: \_\_\_\_\_