

**What to bring:** toiletries, towels, sleeping bag and pillow, collared shirts for evening chapels, dress pants for Wednesday evening service, jeans for camp activities, King James Bible, note pad and pencil, baseball glove, and a good attitude. Hair must be closely cut, neatly trimmed, and off the collar and ears.

**What not to bring:** CD players, cassette players, MP3 players, radios, pocket knives, clothing with worldly sayings, baggy pants, spandex, magazines and books, chewing gum, jewelry (except for wrist watches, class rings, and tie clasps), tobacco, guns of any kind, or cell phones (calls must be channeled through the church office or staff phone).

Please note that Flight Camp is being held the week following the Wings As Eagles annual Meeting In The Air conference to be held July 28--August 1 and the Experimental Aircraft Association's annual AirVenture air show and fly-in to be held July 26--August 1. Of course there is no charge for the Meeting In The Air at Wyldewood Baptist Church. There is a daily or weekly charge for the Airventure air show, which must be paid by those who wish to attend. Additional Meeting In The Air and AirVenture information is available upon request. Though we will do all we can to help with lodging and transportation during the Meeting In The Air and AirVenture, **we are responsible for those needs only during Flight Camp week.** If you would like to attend these other events as well as Flight Camp, please indicate that on the application form, and be prepared to handle that additional expense. If it is possible, we will provide sleeping accommodations in the homes of church members for those attending Meeting In The Air at Wyldewood Baptist Church. **We do ask that you communicate early if you wish for us to help with accommodations during Meeting In The Air.**

Please mail your Flight Camp application form, testimony, pastor's recommendation, and deposit to Wings As Eagles Flight Camp, 3030 Witzel Avenue, Oshkosh, Wisconsin 54904. Register by June 1, 2010, to take advantage of the \$50 early registration discount.

# WINGS AS EAGLES FLIGHT CAMP August 1-7, 2010



**Wings As Eagles  
Mission Air Service  
Wyldewood Baptist Church  
3030 Witzel Avenue  
Oshkosh, Wisconsin 54904  
920-235-5400**

**[www.WingsAsEaglesMission.org](http://www.WingsAsEaglesMission.org)**

Dear Prospective Camper,

Thank you for your interest in the Wings As Eagles Flight Camp. Camp will be held at Wyldewood Baptist Church in Oshkosh, Wisconsin, beginning with registration at 6:00 p.m. Sunday evening, August 1, through 12:00 p.m. Saturday, August 7. Please contact us if you need special arrangements for early arrival.

This camp is designed for young men between the ages of 14 and 20 who are interested in missionary aviation. Accordingly, the purpose of Flight Camp is two-fold: to develop both missions knowledge and zeal, as well as aviation skills.

Daily chapel services and missions classes, missionary aviation speakers, and evening preaching services will instruct and challenge you in missions and the Bible. Flight instruction with a qualified flight instructor, aviation ground school classes, hands-on aircraft maintenance and repair, and field trips to local aviation attractions are designed to train and help focus you in aviation. Our camp staff is highly trained in both aviation and the gospel ministry, offering you years of experience to learn from.

Total cost of the camp is \$600, of which a \$50 deposit (non-refundable except for illness or emergency) must accompany the completed application. Along with your application and deposit, please also send (1) a brief testimony of salvation, including why you feel God would have you to be involved in missionary aviation, and (2) a letter of recommendation from your pastor. A \$50 early registration discount is available if application is submitted by June 1, 2010.

You will be notified by mail, email, or phone of your acceptance to Flight Camp. Food, lodging, aircraft rental, and field trips are provided. Transportation to and from local airports (i.e. Appleton, Green Bay, or Milwaukee) is provided as available for an additional fee.

We look forward to another wonderful week of Flight Camp and trust that, if it is God's will, we will see you there! Please feel free to call if you have any questions.

For more information please contact

Captain Bob Warinner (920) 685-6528 ~ wbcwae@wyldewood.org  
Brother Bart Case - Camp Director (920) 235-7215 ~ famousdad4@yahoo.com  
Brother Terry Rushing (920) 233-0909 ~ rusharound@wyldewood.org

### Missionary Aviation Flight Camp 2010 Registration Form

Name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ Age \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parents'/Guardians' names \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-mail \_\_\_\_\_ Adult t-shirt size \_\_\_\_\_  
Home church \_\_\_\_\_ Member: Yes No  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Pastor's name \_\_\_\_\_

Do you have any previous flight experience? Yes No  
If yes, please give brief details, and please bring your logbook to camp.

I plan to attend the Meeting In The Air prior to camp. Yes No  
I would like accommodations with a church family during the Meeting  
In The Air for the following dates: \_\_\_\_\_

#### Medical Information

Date of last tetanus shot \_\_\_\_\_ Are you in good health? \_\_\_\_\_  
Family doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications currently taking \_\_\_\_\_  
Physical limitations \_\_\_\_\_  
In case of emergency notify \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Insurance company \_\_\_\_\_  
Policy number \_\_\_\_\_ Phone \_\_\_\_\_

I (we) hereby grant the staff of Wyldewood Baptist Church/Wings As Eagles the authority to seek any medical attention which they deem necessary for my child, or as advised by a medical professional. I understand that I (we) will be responsible for any expenses incurred for this action.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

#### Office Use Only

Date Dep Rcvd _____	Testimony _____
By _____	Recommendation _____
Dep Amt _____	Date Pd in Full _____
Ck# _____	Pd in Full Amt _____
Date Replied & By _____	Ck# _____