Oak Hill Christian Service Camp

8451 Oak Hill Camp Road

Mechanicsville, Virginia 23111  
804-779-3050

[www.oakhillcamp.org](http://www.oakhillcamp.org)

## [Travis Jones, Camp Manager](mailto:manager@oakhillcamp.org)

# Dean’s Report

To be completed and returned to the camp manager within 1 week after completion of your week.

1. CAMP WEEK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. AGE GROUP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. DEANS OF WEEK & PHONE NUMBERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. LIST ALL STAFF (INCLUDING JCs) AND PHONE NUMBERS (Do not include cooks or assistants). If you need additional space, please continue on back of this report.

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| **First and Last Name** | **Phone Number:** |
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5. TOTAL STAFF AGED 18 OR OLDER: \_\_\_\_\_\_\_\_\_\_

6. TOTAL STAFF BELOW 18 YEARS OF AGE: .\_\_\_\_\_\_\_\_\_

7. TOTAL FULL-TIME STAFF NOT COUNTING COOKS OR ASSISTANTS: .\_\_\_\_\_\_\_\_\_\_

8. TOTAL PART-TIME STAFF NOT COUNTING COOKS OR ASSISTANTS: \_\_\_\_\_\_\_\_\_\_

9. TOTAL NUMBER OF CAMPERS: \_\_\_\_\_\_\_\_\_\_\_\_

10. TOTAL BAPTISMS: \_\_\_\_\_\_\_\_\_\_ (List names on back.)

11. TOTAL REDEDICATIONS: \_\_\_\_\_\_\_\_\_\_ (List names on back.)

12. TOTAL VOCATIONAL DECISIONS: \_\_\_\_\_\_\_\_\_\_ (List names on back.)

13. MISSION FOR THE WEEK AND MISSION MAILING ADDRESS:

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14. TOTAL MISSIONS OFFERING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. CAMPER OF THE WEEK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME CHURCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: If more than one camper of the week is chosen your staff is responsible to cover the cost of the second one chosen.

16. COMMENTS/RECOMMMENDATIONS

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