

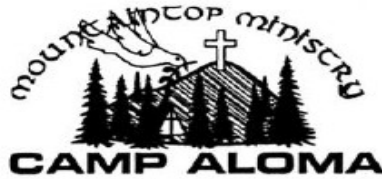
**Contact us:**

PLEASE READ ALL MATERIALS AND MAKE SURE ALL INFORMATION IS CORRECT.

- Please check the accuracy of the information on your Registration Acknowledgement. If there is any information that is incorrect (i.e. dates, name, phone number, address, etc) please contact us so we can make the necessary corrections.
- Be sure to include an emergency number in case we need to contact you while your child is at camp.
- Our e-mail address is [campaloma@hughes.net](mailto:campaloma@hughes.net)
- Our website is [www.campaloma.com](http://www.campaloma.com)
- Our mailing address is P.O. Box 3 Prescott, AZ 86302
- If you have any questions, please contact Camp ALOMA at: 1-928-778-1690
- **Bring all forms with you to registration, DO NOT MAIL IN ANY FORMS AHEAD OF TIME.**

Parents – You are cordially invited to a Friday closing program in the Chapel at 12:00pm. For Mini campers, the closing will be on Wednesday. Campers are free to leave after closing worship. Before leaving, be sure to check out your camper with their counselor. There is also a Photo CD that will be available for \$5.00 that contains the slide show that is shown at the closing program if you wish to purchase. We will need to know during registration on Sunday if you wish to purchase this CD so we can have them all made and ready for you during the closing program.

Parents, please stay thru registration to check in your camper. Please do not drop your campers off before you have signed them in with their counselor.



## **FREQUENTLY ASKED QUESTIONS**

PLEASE READ ALL MATERIALS BEFORE FILLING OUT THE FORMS.

- **If your child has had a physical within the past two years you may complete the Health Examination Form yourself – front & back**
- Be sure to include the immunization record (shots record) or include a copy of your child's immunization record.
- No camper will be allowed to stay at Camp without the Health Examination Form filled out and signed.
- Also remember that any prescriptions, vitamins or other over-the-counter medications that you send with your child have to be in the original container. Prescriptions must have that child's name on the bottle. We are required to follow the dosage on the bottle.
- If you have any questions, please contact Camp ALOMA at: 1-928-778-1690

### **MEDICAL, PHOTO, DAMAGE RELEASE**

- My child \_\_\_\_\_ has permission to take part in all camp activities.
- Camp ALOMA and their personnel will not be held responsible for accidents arising therefrom.
- In the event I cannot be reached, I give permission to the Camp Staff to secure medical treatment for my child in case of injury or illness.
- I give permission for use of photographs including my child or family in camp publicity.
- I give permission for Camp ALOMA Staff to dispense aspirin/non-aspirin and other over the counter medications as considered necessary.

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Parent/Guardian Signature

Date

### Camp Health Examination Form

Bring this form with you on Registration Day

**DO NOT MAIL IT AHEAD OF TIME** This is to be filled in by parent or adult camper and checked with physician at time of examination

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian (or spouse) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

If not available in an emergency notify:

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

The camper's insurance is the primary medical insurance. At that time, if the camper's medical insurance does not pay the total amount of the camper's medical bill, then our Insurance Company will pay the excess amount of the medical bill up to the limit of the policy, \$3,000.00. If the camper has no medical insurance, then our insurance will become the primary medical insurance, but only to the limit of the policy, which is \$3,000.00. To facilitate handling of insurance claims and to insure that each camper receives the best medical care available, the following information must be provided.

Parent's Employer \_\_\_\_\_ Phone \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Insured \_\_\_\_\_ Insured's Social Security # \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

#### HEALTH HISTORY: (Check – giving approximate dates)

Ear Infections _____	<u>Allergies</u>	<u>Diseases</u>
Rheumatic Fever _____	Hay Fever _____	Chicken Pox _____

Convulsions _____	Ivy Poisoning, etc _____	Measles _____
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Diabetes _____	Insect Stings _____	German Measles _____
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Behavior _____	Penicillin _____	Mumps _____
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Operations or serious injuries _____	Other Drugs _____	Asthma _____
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Chronic or recurring illness \_\_\_\_\_

Other diseases or details of above \_\_\_\_\_

Any specific activities to be restricted? \_\_\_\_\_

#### PARENT'S AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection, anaesthesia or surgery for my child as named above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note: IMPORTANT!**

Medications sent along with camper **MUST BE IN ORIGINAL PHARMACY CONTAINERS**, with labels affixed and intact, showing name of camper, name of medicine and expiration dates. We are not allowed to accept prescription medicine in any other way.

**IMPORTANT:** Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance. Please provide **DATES** of the immunizations or attach a copy of immunization record.

**IMMUNIZATION HISTORY** (to be completed by parent)

Required immunizations must be determined locally. This is a record of dates of basic immunizations and most recent booster doses.

DTP Series \_\_\_\_\_ booster \_\_\_\_\_ Tetanus booster \_\_\_\_\_  
Polio OPV (Sabin) \_\_\_\_\_ booster \_\_\_\_\_ Typhoid \_\_\_\_\_  
Measles vaccine (live) \_\_\_\_\_ Tuberculin test \_\_\_\_\_  
German measles (Rubella) \_\_\_\_\_ Mumps vaccine (live) \_\_\_\_\_  
Smallpox \_\_\_\_\_ Other \_\_\_\_\_  
Other state or municipal examinations required for staff (if any) \_\_\_\_\_

**MEDICAL EXAMINATION – to be filled out by licensed physician**

**NOTE:** Examination if for determining fitness to engage in strenuous activities.

Code - Satisfactory  
X Unsatisfactory  
O Not examined

Hgt. \_\_\_\_\_ Wt. \_\_\_\_\_ B.f. \_\_\_\_\_ Hgb. Test \_\_\_\_\_ Urinalysis \_\_\_\_\_  
Eyes \_\_\_\_\_ Extremities \_\_\_\_\_  
Glasses \_\_\_\_\_ Posture (spine) \_\_\_\_\_  
Ears \_\_\_\_\_ Skin \_\_\_\_\_  
Nose \_\_\_\_\_ Allergy: \_\_\_\_\_  
Throat \_\_\_\_\_ Please specify \_\_\_\_\_  
Teeth \_\_\_\_\_  
Heart \_\_\_\_\_  
Lungs \_\_\_\_\_ General Appraisal \_\_\_\_\_  
Abdomen \_\_\_\_\_  
Hernia \_\_\_\_\_

(For Girls and Women)

Has this person menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_  
If so, is her menstrual history normal? \_\_\_\_\_ Special considerations \_\_\_\_\_

**RECOMMENDATIONS AND RESTRICTIONS WHILE IN CAMP**

Special diet \_\_\_\_\_  
Special medicine (name on it) \_\_\_\_\_ Is parent sending it? \_\_\_\_\_  
Swimming, diving \_\_\_\_\_  
Strenuous activity \_\_\_\_\_  
Other \_\_\_\_\_

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

\_\_\_\_\_  
Examining Physician M.D.  
Telephone \_\_\_\_\_ Address \_\_\_\_\_  
Area Code and Number \_\_\_\_\_  
Date \_\_\_\_\_ Zip Code \_\_\_\_\_

**If your child has had a physical in the last 2 years you may fill this form out yourself. The immunization dates MUST be filled in or attach a copy of your child's records.**

**Arizona Lutheran Outdoor Ministry Association  
Camp ALOMA – Group Challenge Course  
RELEASE, WAIVER & INDEMNITY AGREEMENT**

It is the intention of \_\_\_\_\_ by this agreement to exempt and  
(Parent or Guardian of Minor)  
relieve Arizona Lutheran Outdoor Ministry Association (Camp ALOMA) and its  
officers, agents, servants and employees from liability for personal injury,  
property damage or wrongful death of \_\_\_\_\_ caused by any  
(Name of Minor)  
act of negligence of Camp ALOMA and its officers, agents, servants or  
employees.

For in consideration of permitting this child/ward to observe or use any facility or  
equipment of Camp ALOMA, or engage in and/or receive instruction in any activity or  
activity incidental thereto, **some of which may involve dangers and risk of bodily  
injury** at: Camp ALOMA, near the city of Prescott, County of Yavapai and State of  
Arizona, beginning on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the undersigned parent/guardian  
of \_\_\_\_\_:  
(Name of Minor) **hereby voluntarily and absolutely releases, discharges,**  
**waives and relinquishes any and all loss or damages or action or causes of action**  
**for personal injury, property damage, or wrongful death occurring to the**  
**child/ward as a result of his/her observing or using facilities of Camp ALOMA, or**  
**engaging in or receiving instructions in activities, some of which may involve**  
**dangers and risk of bodily injury, or in activities incidental thereto wherever or**  
**however the same may occur, and for whatever period said activities or**  
**instructions may continue.**

The undersigned parent or guardian of \_\_\_\_\_ for him/herself,  
(Name of Minor)  
his/her heirs, executors, administrators or assigns agrees that in the event any claim for  
personal injury, property damage, or wrongful death shall be prosecuted against Camp  
ALOMA or its officers, agents, servants, or employees, the undersigned parent or  
guardian **will indemnify and hold harmless Camp ALOMA and its officers, agents,**  
**servants or employees** from any and all claims or causes of action by  
\_\_\_\_\_ or by any other person or entity, by whomever or wherever  
(Name of Minor)  
made or presented, and **under no circumstances will the undersigned parent or**  
**guardian of \_\_\_\_\_ present any claim against Camp**  
(Name of Minor)  
**ALOMA and said persons for personal injuries, property damage, wrongful death**  
**or otherwise, caused by any act of negligence by Camp ALOMA and said persons.**

The undersigned parent or guardian represents that he/she has read this Release, has  
requested and has been provided with, or has requested and declined advisement on the potential

dangers/risks of engaging in the observation, activities or instruction offered, **assumes all risks associated with such dangers and risks**, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his/her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

DATED: \_\_\_\_\_

\_\_\_\_\_ FOR \_\_\_\_\_  
(Signature of Parent or Guardian) (Name of Minor)

Camp ALOMA's Group Challenge Course involves a variety of activities that often include warmups, games, group initiative problems, low elements, and other rigorous physical adventure activities. (The level of participation in a Camp ALOMA GCC program activity is at all times completely up to the individual's choice.) Yet, there is a risk which must be assumed by each participant, that he/she may suffer an emotional or physical injury or disability.

Policy for participation in all Camp ALOMA GCC programs requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form, bring it with you, and give it to the instructor(s) that will be leading the program prior to participating in any activities.

1. Participant Name: \_\_\_\_\_ Social Security: \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Participant's Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Telephone #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

2. Do you have health/accident insurance? \_\_\_no \_\_\_yes, if yes name and address of company. \_\_\_\_\_  
\_\_\_\_\_  
Policy # \_\_\_\_\_

3. Do you have any limiting physical disabilities or handicaps (temporary or permanent)? \_\_\_no \_\_\_yes If yes, identify and explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are you currently taking any medication (prescribed or otherwise, e.g. cold medicine)? \_\_\_no \_\_\_yes If yes, what are you taking and what conditions is it for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you have any allergies, reactions to medications, any other medical limitations? \_\_\_no \_\_\_yes If yes, identify and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hi, Camper!

We're excited that you have signed up for camp. We know you're going to have a Great time this summer. Be sure to check out all of the items in this mailing. This is important information. PLEASE READ IT CAREFULLY and try not to lose any of it, because There will not be another mailing UNLESS YOU REQUEST MORE INFORMATION. Included in this mailing you should find:

1. A **MAP** showing you how to get to Camp.
2. A **CHECKLIST** of what to bring to Camp.
3. Your **RECEIPT** for money sent with your registration. The balance due for your camp should be sent in by the first day of camp. This may be paid at Camp or at the van. (We do appreciate advanced payment before your week of camp begins.) Your cancelled check is your receipt.
4. A **GROUP INITIATIVE COURSE INSURANCE FORM** (excluding Mini campers). Campers must have form filled out in order to participate in this Challenge Course activity.
5. A Camp **HEALTH FORM & MEDICAL RELEASE\***. Have, Mom, Dad, or guardian fill them out, sign, and date them. This form must be filled out and signed by parent or legal guardian or we will be unable to admit you to camp for the week.
  - It is very important that we have the information requested in the box at the bottom of the Health Form about family insurance coverage.
6. A **GUIDELINES FOR SUMMER CAMPERS** form. You need to go over this form with your parents. Then you and your parent must sign the form. It will need to be turned in at Registration.

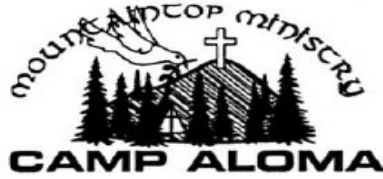
\* **Be sure that the Parent's Authorization for Medical Treatment is signed.** We need this signature in case of emergency while you are at Camp. It's in the lower portion of the Health Exam form.

\* **We strongly recommend a physical exam** by your doctor if you have not had one within the past 24 months. If this is not possible, please have a parent complete the medical history as best he or she can and give us a statement about your present health condition.

\* **All prescription medications** must be in the original container with **your** name on it. All vitamins must be in the original container so they can be identified. If any medication is not in the original container with your name on it, they will be sent back home with parents.

\* **Please DO NOT SEND the medical form to the camp. BRING IT WITH YOU TO CAMP.**  
Thank you.

If you have any questions call the Camp at: 928-778-1690



## **CAMP ALOMA SUMMER CAMP TIMES**

**PLEASE HAVE YOUR CAMPER ARRIVE AT CAMP NO EARLIER THAN 3:00PM ON SUNDAY.  
PLEASE PICK UP YOUR CAMPER AT 1:00PM ON THE LAST DAY OF CAMP.**

### **MINI CAMPS**

Mini Camps begin on Sunday at 3:00pm and conclude Wednesday at 1:00pm.

### **EXPLORER CAMPS**

Explorer Camp begins Sundays at 3:00pm and concludes Fridays at 1:00pm.  
Campers please arrive no earlier than 2:30pm on Sunday. Pick-up your camper on Friday at 1:00pm.

### **PIONEER CAMPS**

**Camps begin Sunday at 3:00pm and conclude Friday at 1:00pm**  
Please arrive at Camp no earlier than 2:30pm on Sundays. Camper pick-up is at 1:00pm on Fridays.

### **JR HIGH CAMPS AND JUNIOR STAFF CAMPS**

**Camps begin Sunday at 3:00pm and conclude Friday at 1:00pm**  
Please arrive at Camp no earlier than 2:30pm on Sundays. Camper pick-up is at 1:00pm on Fridays.

### **FAMILY CAMP**

**Family camp begins Friday at 7:30p.m. And concludes at 10:00a.m. Sunday.**

### **MAIL**

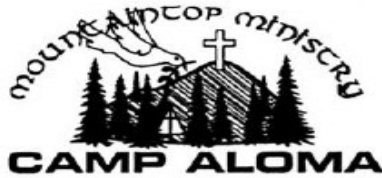
You can send mail to your campers at:

Camp ALOMA  
P.O. Box 3  
Prescott, AZ 86302

You may also bring letters to registration with you and we will give the letters to your camper on the days you specify. To send mail in time for your campers to receive it please allow 3 days for delivery. Please do not send anything after Tuesday of their Camp week as it will not arrive in time.

### **ALOMA Canteen & Gift Shop**

Our Gift Shop offers a variety of ALOMA shirts, sweatshirts, Bible covers, postcards, stationary, jewelry, keychains, kickballs, pens and many other gift items. Prices range from 25 cents to \$45.00. Our Canteen carries a variety of snacks, soda and ice cream bars. Canteen Prices range from \$.60 to \$3.50. Most candy and drinks are approximately \$.80. Campers are in the Gift Shop twice during the week and at the Canteen everyday. Please plan accordingly.



### WHAT TO BRING TO CAMP:

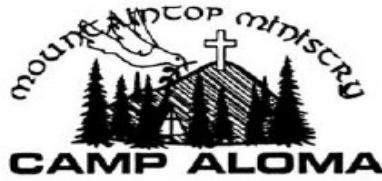
- COMPLETED** Health History Form
- Water Bottle** for hikes and other outdoor activities (please label with your child's name.)
  - \*We have very low humidity and the campers need water often.
- Sleeping Bag or Bedding
- Light Jacket (Evenings are cool)
- Changes of clothes for the week (campers are required to wear long sleeves and long pants in the evenings)
- Modest attire – no spaghetti straps or tank tops (girls & boys), no bare midriffs
- Long pair of pants or sweats (evening are chilly)
- Soap, Toothbrush & Toothpaste, Shampoo
- Towel and Washcloth
- Sturdy shoes or hiking boots (**NO Sandals** or open toed shoes, you may wear sandals in the bathroom/shower, but they are not allowed outside)
- Flashlight
- Sunscreen SPF 15 or higher
- Chapstick
- Bible
- Pillow
- Money for Gift Shop/Canteen use
- Any necessary medication (in original pharmacy container with camper's name on it)
- Bandanna (optional)
- Swimsuit: (for water games) Girls: modest one piece (no two pieces allowed) Boys: boxer type
- Reading Book or other quiet time activity.
- Modest Pajamas (Bathrobe optional)

### WHAT NOT TO BRING TO CAMP:

If brought to camp, these items will be confiscated and returned at the end of the week!

Radios, IPOD, MP3 Players  
Snacks, Gum, Food  
Knives, Drugs, Alcohol, Tobacco, Guns  
Palm Pilots, Game-boy, CD Player, Walkman  
Shaving Cream or like substances  
Cell Phones - we do not have service here

**We are not responsible  
for lost or stolen items.**



Dear Parent,

**A word about cancellations** – we hope it doesn't become necessary for you to cancel your reservation. If you must, then do it as soon as possible. Cancellations **before May 15** will be refunded, **less the non-refundable \$50 deposit.**

**Cancellations after May 15** will be considered for refund for **medical reasons only**, and only if we are notified 48 hours before the camp session. A written statement, which supports the medical reason, must be sent to the camp office. Then you will be entitled to a refund of all **EXCEPT THE NON-REFUNDABLE DEPOSIT.**

Our fees are based on having full camps. Therefore, refunds for non-medical cancellation will be considered on an individual basis. Decision to refund will be based upon a number of considerations, including time between cancellation and date of camp, as well as the ability to fill the vacated space from a waiting list. You may have to wait until the camp session is over before the refund is processed.

Please read over all of the information in this packet. We hope this information helps you as you make your plans to be part of our camp family this summer. If something is not clear or if you have any more questions, give us a call.

In Christ's Love,  
Bob and Shirley Urie

If you have any questions call the camp at:  
928-778-1690.

**Campersitting Fee:** Parents or guardians of campers not picked up at the scheduled pick up time (which is 1:00pm) will be charged a \$10.00 an hour campersitting fee after 1:30p.m.

### **Things To Think About Ahead Of Time**

1. **Registration:** please allow **45 minutes** for check-in. Please have the balance of Camp Fees (if not sent in ahead of time), Canteen/Store money, Group Challenge Course Form, Medical Release Form, Health Exam Form and any medication ready to turn in at registration.
2. **Gift Shop:** T-shirts will be offered for sale in the Gift Shop along with a variety of other items. The Canteen carries soda, ice cream, candy and other drinks. Campers will be allowed to buy a limited amount of snacks each day. All money must be turned in at Registration time. Campers are not allowed to have money on them or in their rooms during the week. A "canteen card" will be issued for each camper. Any unused money will be returned at the end of the week. The Gift Shop is not open on Sundays but will be open on Wednesday/Friday/Saturday when you pick up your camper.
3. Registration begins **no earlier** than 2:30pm for Pioneer & Jr. High. If you arrive early, feel free to take a walk around Camp until 2:30p.m. Camp ends at 1:00pm on Fridays with the exceptions of Mini Camp sessions which end at 1:00pm on Wednesdays and Saturday camps that end at 11a.m. Parents should be at Camp on time to pick up their camper. A **campersitting fee** of \$10.00 per hour will be charged beginning at 1:30 p.m. **(Please do not plan to pick up your child earlier as it is very disruptive to the final program).**
4. Please label you child's belongings. We are not responsible for lost, broken, or stolen items.
5. **Campers Should Be Picked Up At Camp No Later Than 1:00pm.** Arrangements for late pickups **must** be made in advance (see campersitting fee above).

**CAMP ALOMA**  
**GUIDELINES FOR SUMMER CAMPERS**

(Please go over this sheet with your child)

- A. All medications must be given to the camp medic at check-in time. Campers are not allowed to keep any medications, including vitamins, Tylenol, etc.... Medications and vitamins must be in original containers. Prescriptions must be prescribed for the camper and in the original containers.
- B. Any minor illnesses or injuries will be handled by the camp medic. If the camper has a fever, an injury requiring emergency room treatment, a major illness requiring a doctors appointment, or a health disorder lasting more than 24 hours, the parent or guardian will be called and apprised of the situation. In some instances the Camp might request that the camper be picked up by the parent or guardian immediately.
- C. The camp reserves the right to send any camper home that is unwilling to follow appropriate Christian behavior. Once called, the parent or guardian is asked to make the necessary arrangements to have the child picked up within six hours.
- D. **Campers are not allowed to use the phone.** If a parent is concerned about their child, a staff person would be happy to describe how they are doing. Letters are a great way of staying in touch. The Camp phone is available for business and emergencies only. ( We have only one phone line.)
- E. The Camp expects some campers to get “homesick” during the week. We encourage parents or guardians to support our efforts to help their child through a sometimes difficult situation. Phone calls are a hindrance as campers struggle through homesickness, but letters from home are strongly encouraged because they express clearly your thoughts of love, support, and concern.
- F. All money must be turned in and a “Canteen Card” will be issued. Unused money will be returned on the last day of the Camp session.
- G. **Campersitting Fee:** Parents or guardians of campers not picked up at the scheduled pick up time (1:00pm) will be charged a \$10.00 an hour campersitting fee per camper to be paid to the staff member who spent the extra time supervising the camper. The fee will begin at 1:30p.m.
- H. Campers will not be allowed to keep or use electronic devices while at camp. These include, cell phones, pagers, ipods, mp3 players, cd players, walkmans, gameboys, etc. Please have your camper leave these items at home. If they are brought, they will be stored in a secure place until campers return home, at which time, these items will be returned to them.

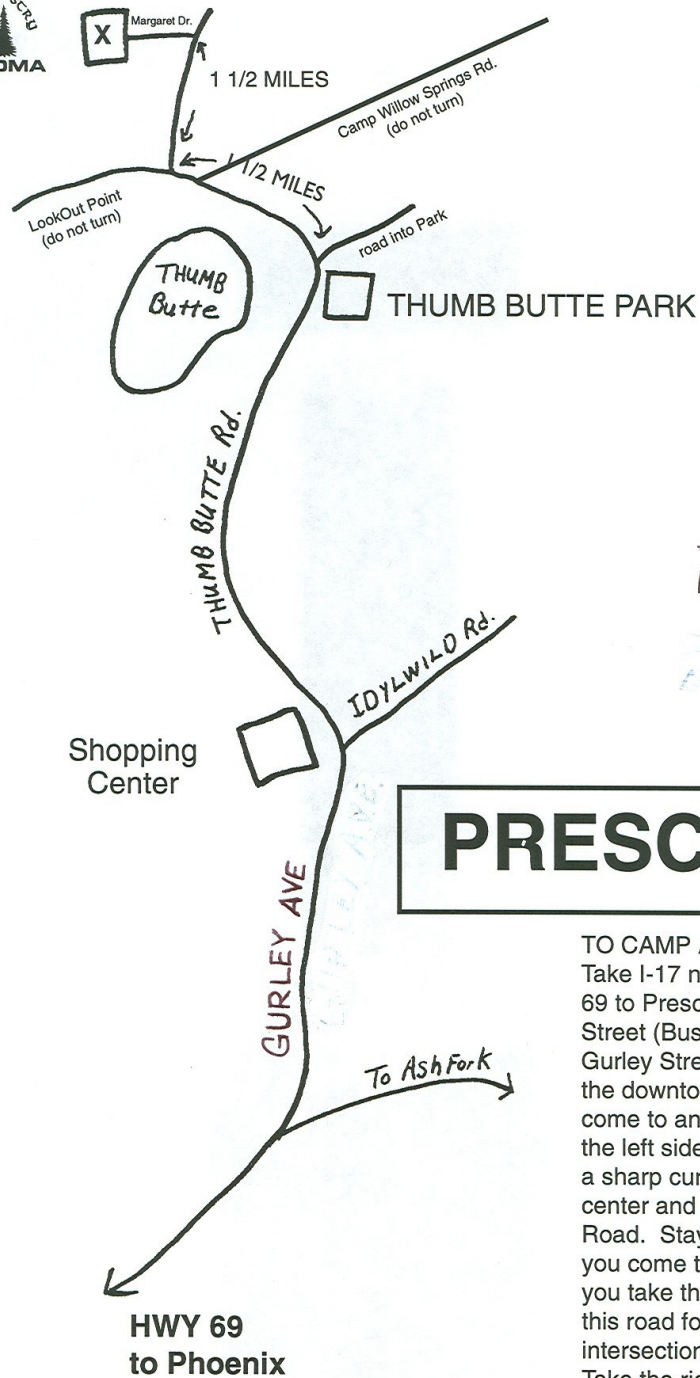
Please sign and date this form stating that you have read and understand these guidelines and bring it with you to registration. Thank You.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date



# PRESCOTT

## TO CAMP ALOMA:

Take I-17 north to State Route 69. Take 69 to Prescott which becomes Gurley Street (Business Route). Stay on Gurley Street through Prescott. Go past the downtown area. Eventually you will come to an empty Shopping Center on the left side of the road. Gurley makes a sharp curve at the empty shopping center and becomes Thumb Butte Road. Stay on Thumb Butte Road until you come to Thumb Butte Park. Here you take the dirt road (left). Travel on this road for (approx) 1.5 miles to an intersection with a sign "Dearing Park". Take the right fork another 1.5 miles (approx) to a sign on the left side of the road saying CAMP ALOMA. (You will come to paved road again about 1/2 mile from Camp.) Go left on Margaret Road to the camp.

CAMP ALOMA  
928-778-1690

HWY 69  
to Phoenix