



Dale Skinner's BOYS2MEN BOOTCAMP 2026

1 Timothy 4:12 "Let no one look down on your youthfulness, but *rather* in speech, conduct, love, faith, *and* purity, show yourself an example of those who believe."

**Sponsored by
The Joseph Project for Men**

**For: Middle & High School aged boys
under age 18**

**Purpose: Introduction to a Relationship with Christ,
Team and Leadership Building,
Service Project, Football, Basketball, Fishing, Campfires**

Gospel Message will be presented at our Service on Sunday

Cost – Free to First (20) boys

Date: July 17-19 – Camp Pecometh, Centreville MD

Please join us for service and lunch at 10:30am

[For More Information:](#)

Call Ignite Office 410-690-8759 – josephprojectformen.com

Call/Email - Kris Buckler (410) 490-1643 or josephproject4men@gmail.com

Mail application to P.O. Box 75, Easton, MD 21601

To submit an applicant for consideration into the Boys2Men mentoring program, please complete the following three-part application:

Step 1: Applicant Info and Essay Questions

Step 2: Health History

Step 3: Authorization.

Submit completed application and documentation by deadline date to:

Ignite Outreach, P.O. Box 75, Easton, MD 21601

For more information call Ignite Outreach: 410.690.8759

2026 Bootcamp Date: July 17-19, 2026,

Location: Camp Pecometh, Centreville, MD 21617

Application Deadline: July 7, 2026,

Limited Space (20 boys) so apply early!

Candidate Confirmation: July 8, 2026

STEP 1: APPLICANT INFORMATION AND ESSAY QUESTIONS

APPLICANT INFORMATION

Applicant Name:		
Address:		Phone:
City:	State:	Zip:
Email:		Birthdate:
T-shirt Size: S ___ M ___ L ___ XL ___ XXL ___		
Current School Name:		
School Address:		Current Grade Level:
City:	State:	Zip:

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:		
Address:		Cell Phone:
City:	State:	Zip:
Email:		

STEP 1 (CONT.): HELP US GET TO KNOW YOU BETTER!

Please answer the following questions.

1. Where do you see yourself in 5 years?
2. If you could describe your life as a superhero, who would it be and why?
3. What do you feel is the biggest problem facing teenage boys in your community?

And - What do you think can be done to help solve this problem?

4. Who has been a role model in your life? And why?
5. In your opinion what makes you become a man?
6. What do you expect to get out of this Bootcamp?



Insurance Information

Participants Name _____ Date of Birth _____

Address: _____

High School: _____

Emergency Contact:

1. Name: _____ relationship: _____

Emergency cell phone: _____

2. Name: _____ relationship: _____

Emergency cell phone: _____

Insurance Company Name: _____

Policy/ID Number: _____ Group # _____

Phone Number: _____

Physicians Name: _____ Phone Number: _____

List any health or problems which may be affected by participation in interscholastic athletic activities: _____

List any allergies: _____

List medications that are taken daily: _____

In Case of Emergency:

I do hereby give permission for my child to be transported by a volunteer of the Boys 2 Men Bootcamp Program to/from Camp Pecometh, Centreville, MD and delivered to the agreed destination.

I accept all responsibility for my child while being transported by a volunteer of Boys 2 Men Bootcamp. I release Boys 2 Men Bootcamp, The Joseph Project and Choices for Life Pregnancy Center of all liability.

Boys to Men Boot Camp Application. Updated April 2026

I realize there is a possibility that my child may suffer injury as a result of participation in interscholastic athletic activities. I authorize Boys 2 Men Bootcamp or its representative to Administer emergency medical treatment to my child. I understand that Boy 2 Men Bootcamp disclaims any financial responsibility for the costs of medical treatment associated with an injury while participating in interscholastic athletic activities; this form must be completed, signed and returned to a Boys 2 Men Bootcamp representative.

Parent/Guardian Signature: _____

Printed Name of Parent/Guardian: _____

Date Signed: _____

If a child has a condition that needs daily medication:

- 1. We need medication and instructions in a plastic bag and given to camp counselor.**
- 2. We will also need a doctor's note to say he is physically able to participate in camp activities.**
- 3. We will have the cell phone number of the counselor your son will be assigned to when you drop him off at Camp Pecometh, Centreville, MD, Friday, July 17, 2026, between 8 AM & 8:30 AM.**

If transportation assistance is needed, please call the office 410-690-8759

If you cannot reach your counselor, please call Sharon Finecey 410.507.2102