

2020 FAMILY EVENTS REGISTRATION (NOT FOR SUMMER CAMP)

NOT FOR SUMMER CAMP REGISTRATION! SEE PAGE 8!

Family Camp, Session 1 (Sunday-Wednesday): August 9-12 **OR** Family Camp, Session 2 (Thursday-Sunday): August 13-16

Please check Housing Request in order of preference (based on availability and needs.)

- Bring your own RV or Tent..... \$120/person or family maximum of \$500
- Covered Wagon \$120/person or family maximum of \$500
- Seeker or Frontier Town Cabin..... \$130/person or family maximum of \$550
- Retreat Center, Koinonia Lodge, Manna Center..... \$150/person or family maximum of \$650
- Log Cabins \$175/person or family maximum of \$750

FAMILY MAXIMUMS APPLY TO IMMEDIATE FAMILY ONLY. Children under 5 by time of camp are free!

Grandparent-Grandchild Camp: August 16-18..... \$125/Person

Credit Card Information Visa Mastercard Discover

Amount to Charge \$ _____

Card # _____

Expiration Date _____ CV2# _____

Cardholder's Name (printed) _____

Cardholder's Signature _____

Total Cost _____

Family Members Attending Camp:

Adult(s) _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Children _____

Home Church and Town _____

Age _____ Grade in Fall '20 _____

Age _____ Grade in Fall '20 _____

Age _____ Grade in Fall '20 _____

Age _____ Grade in Fall '20 _____

Age _____ Grade in Fall '20 _____

Emergency Contact for someone NOT at camp with you:

Emergency Name _____ Emergency Phone Number _____

Health Insurance Co. _____ ID Number _____

Please send this form with a \$100 deposit to: Sugar Creek Bible Camp

EVENTS REGISTRATION



2020 RETREAT REGISTRATION (NOT FOR SUMMER CAMP)

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Retreat registering for: _____

First Name _____

Last Name _____

Male Female Grade _____ Birthdate _____

Address _____

City _____

State _____ Zip _____

Phone #1 _____

Phone #2 _____

E-mail _____

Home Church and Town _____

Emergency Contact Name _____

Emergency Contact Phone _____

Roommate Request(s) _____

Health insurance company _____

Policy # _____

Allergies _____

Prescription Meds _____

Medical needs _____

If participant is under 18, see below:

Parent/Guardian Name(s) _____

Parental Permission: This form is correct as far as I know. The person herein described has permission to engage in all camp activities, except those noted on this form. In the event of an emergency and I cannot be reached, I give permission to the physician selected by the camp to give necessary medical treatment to the person listed above.

Parent/Guardian Signature _____

Date _____

Please send this form with a \$25 deposit to: Sugar Creek Bible Camp or register ONLINE!

RETREATS REGISTRATION



For the Lord is good; his steadfast love endures forever, and his faithfulness to all generations. - Psalm 100:5 15