

2017 FAMILY EVENTS REGISTRATION (NOT FOR SUMMER CAMP)

NOT FOR SUMMER CAMP REGISTRATION! SEE PAGE 8!

EVENTS REGISTRATION

Family Camp, Session 1 (Sunday-Wednesday): July 2-5 **OR** Family Camp, Session 2 (Sunday-Wednesday): 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
- Platform Tent or 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..... \$140/person or family maximum of \$550
- Log Cabins..... \$150/person or family maximum of \$650

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

- Grandparent/Grandchild Camp: August 17-19..... \$130/Person
- Parent/Child Horse Camp: July 5-7..... \$130/Person

Total Cost _____

Family Members Attending Camp:

Adult(s): _____

Address: _____

City: _____ State _____ Zip _____

E-mail: _____

Home Church and Town _____

Children: _____

Age _____ Grade in Fall '17 _____

Age _____ Grade in Fall '17 _____

Age _____ Grade in Fall '17 _____

Age _____ Grade in Fall '17 _____

Emergency Contact for someone NOT at camp with you:

Emergency Name _____ Emergency Phone Number _____

Health Insurance Co. _____ ID Number _____

<p>Credit Card Information <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover</p> <p>Amount to Charge \$ _____</p> <p>Card # _____</p> <p>Expiration Date _____ CV2# _____</p> <p>Cardholder's Name (printed) _____</p> <p>Cardholder's Signature _____</p>

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



2017 RETREATS REGISTRATION (NOT FOR SUMMER CAMP)

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RETREATS REGISTRATION

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) _____

Individual Retreat Registrations are also available on our website:
www.sugarcreekbiblecamp.org

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 _____

I also give the camp permission to use photos of my child in promotional publications.

Please send this form with at least a \$25 deposit to: Sugar Creek Bible Camp



When you pass through the waters, I will be with you - Isaiah 43:2 15