

# SHILOH BIBLE CAMP REGISTRATION FORM

753 Burnt Meadow Road, Hewitt, NJ 07421  
Phone (973)728-7845 / Fax (973)728-2151  
e-mail address: seekhim@campshiloh.com

## 2010 PRICES

\_\_\_\_\_ Registration Fee - \$100 for Overnight Retreat  
\$50 for Day Retreat only

(A \$500.00 deposit is required at time of registration. Due to preparation expenses on the part of Shiloh, a deposit becomes non-refundable if cancellation is within one month of scheduled retreat date, but can be reapplied toward rescheduling if done so within the calendar year).

### FORT

\_\_\_\_\_ 1 Night Retreat - \$49 (includes 1 overnight and 2 meals and bunk bed)  
\_\_\_\_\_ 2 Night Retreat - \$79 (includes 2 overnights and 5 meals and bunk bed)

### MAIN HOUSE

\_\_\_\_\_ 1 Night Retreat - \$55 (includes 1 overnight, 2 meals and twin bed)  
\_\_\_\_\_ 2 Night Retreat - \$89 (includes 2 overnights 5 meals and twin bed)

[ **We ask that you bring your own pillows, blankets, sheets (or sleeping bags) and towels** ]

**RV SITES AVAILABLE** - Please call for information

**CHALLENGE COURSE** (in addition to retreat cost)

\_\_\_\_\_ Half-Day Program - \$19 per person (12 person minimum)  
\_\_\_\_\_ Full Day Program - \$29 per person ( 12 person minimum)

### EXTRAS

\_\_\_\_\_ \$7.00 per person for extra meal  
\_\_\_\_\_ \$5.00 per person for Speaker (\$100 minimum per day)  
\_\_\_\_\_ \$5.00 per person for Program (\$100 minimum per day)  
\_\_\_\_\_ \$5.00 per person for Hay Ride (includes donuts and hot chocolate)  
\_\_\_\_\_ Day Use Only of Complete Facilities - \$10.00 per person  
\_\_\_\_\_ Day Use Only of Property Only - \$5.00 per person  
\_\_\_\_\_ Total \$ Per Person: \_\_\_\_\_ Total # Attending: \_\_\_\_\_

# of Males in Group: \_\_\_\_\_ # of Females in Group: \_\_\_\_\_

# of Men Group Leaders: \_\_\_\_\_ # of Women Group Leaders: \_\_\_\_\_

ChurchName \_\_\_\_\_

StreetAddress: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

GroupName: \_\_\_\_\_

GroupLeader: \_\_\_\_\_ Phone#: \_\_\_\_\_

Leader's Street Address: \_\_\_\_\_

Leader's E-mail Address: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Estimated Arrival Time: \_\_\_\_\_

DepartureDate: \_\_\_\_\_ EstimatedDepartureTime: \_\_\_\_\_

Required Before Arrival: Registration Fee and Certificate of Insurance

Required Upon Arrival: Signed Parental Permission and Emergency Medical Treatment Release Form

Arrival Time – no earlier than 4:00 PM / Check Out Time – by 2:00 PM

Please Make Checks Payable to Shiloh Bible Camp

**I have read & agree to the above Rules & Payment:** \_\_\_\_\_

(Signature)