

Camp Shiloh 2020 - Overnight Retreat – Initial Registration Contract (Part 1/2)

www.campshiloh.com | 753 Burnt Meadow Road, Hewitt NJ 07421 | 973.728.7845 | register@campshiloh.com

Please complete this form & pay the fees below to register: reservation will not be held until form & fees are received.

Church/Organization Name: _____

Street Address: _____

City, State, Zip: _____

Group Name/Description: _____

Age Range (please circle) Elementary / Junior High / Senior High / College & Young Adult / Men / Women / Families

Approximate Number Attending (please circle) 10-20 / 20-30 / 30-40 / 40-50 / 50-60 / 60-70 / 70-80 / 80-90

*Estimated headcount at time of registration. Please provide updated headcount & other information at least **1 month prior** to retreat date.

Group Leader: _____ Please choose 1 person for correspondence consistency

Leader Email: _____ Phone: _____

Arrival Date: _____

Departure Date: _____

*Holiday retreats require additional fee of \$10 per person.

*Arrival/Departure times must be consistent with meals needed.

Arrival Time: after 4pm _____

Departure Time: before 2pm _____

First Meal: Breakfast Lunch Dinner

Last Meal: Breakfast Lunch Dinner

Choose an accommodation package based on length of stay & group headcount/rooms needed.

Package includes overnight stay in twin bunk, meals, use of 1 meeting room & A/V equipment, indoor & outdoor recreational facilities.

All guests will be required to pay the same package price – itemizing will not be permitted. For custom packages, please call the camp office to discuss options.

Deposit will be made based on headcount & number of rooms needed (\$500 per room) Additional rooms may be added later if available.

Select meeting room preferences & any package add-ons.

ACCOMMODATION PACKAGES		1 Night: \$90 pp up to 2 meals	2 Night: \$130 pp up to 5 meals	3 Night: \$200 pp up to 8 meals
		LODGE DORMS: 3 rooms of 10; 2 rooms of 8	circle # of rooms needed	circle # of rooms needed
		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	FORT CABINS: 4 rooms of 10; 1 room of 6; 1 room of 4	circle # of rooms needed	circle # of rooms needed	circle # of rooms needed
		1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
	Meeting Room Preferences <small>*does not guarantee use of room</small>	Fireside Room; 100	Full band	Other Setup Requests?
		Upper Chapel; 50	Minimal band	
		Lower Chapel; 25	Audio/Visual	
ADD ONS	EXTRA ITEMS in addition to accommodation package	Challenge Course		\$30 pp
		Extra Meal (plus extended stay)		\$15 pp
		Motel Style Room (Pastor or Guest Speaker only)		\$50/room/night
		Second Meeting Room		\$200
		Small Group Breakout Rooms (living room size, up to 3 available)		\$50/room
		Day Visitor		\$50/day

____ Registration Fee - \$100 (non-refundable, office processing fee)

____ Retainer Fees/Security Deposit - \$500 PER ROOM (holds your spot on our calendar)

Number of rooms needed _____ X \$500 per room = Deposit amount due: _____

*If retreat cancellation is within two months of retreat date, the deposit will not be refunded, due to preparation expenses.

*If rooms are reserved & headcount comes up short of room capacity, the the difference will not be refunded.

*If any damages, missing items, or extra cleaning needed, a portion of the deposit will be withheld. (amount TBD based on individual circumstances)

*If final paperwork is not submitted on time, or final payment is not made on time, a portion of the deposit will be withheld.

I have read the policies & info pages and agree to the conditions & payment: _____ Date: _____

*Check (Date ____/____/____) *Credit Card (date ____/____/____ last 4 digits: ____/____/____) Amount \$ _____

Send check in mail with registration form OR Scan & email form, credit card payment online, campshiloh.com, include group name & retreat dates