

# Camp Shiloh 2019 - Overnight Retreat – Registration Details (Part 2/2)

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

Church/Organization Name: \_\_\_\_\_

Retreat Dates: \_\_\_\_\_

Updated Total Head Count: \_\_\_\_\_ \*Groups are responsible to pay for number of attendees registered.

# of Female Campers: \_\_\_\_\_ # of Female Leaders: \_\_\_\_\_ TOTAL FEMALES: \_\_\_\_\_

# of Male Campers: \_\_\_\_\_ # of Male Leaders: \_\_\_\_\_ TOTAL MALES: \_\_\_\_\_

Guest Room 1: # of guests: \_\_\_\_\_ Guest Room 2: # of guests: \_\_\_\_\_

Extra Day-Visitors: # \_\_\_\_\_ Visitor Arrival Time: \_\_\_\_\_ Visitor Departure Time: \_\_\_\_\_

\*Due NOW (2 weeks prior) w this form: Room Assignments, Detailed Schedule \*Shiloh Staff reserves the right to make/change schedules, flexibility is appreciated

\*Due Upon Arrival: Final Payment, Parental Permission/Medical Release Form for each guest

<b>Check</b>	<b>AUDIO / VISUAL SETUP</b> Meeting Room: Fireside Room or Chapel
	<b>We are bringing our own equipment</b>
	<b>Projector &amp; Screen</b> needed - for connection to YOUR computer
	<b>LIMITED Sound System ONLY</b> (just microphone and/or computer sound with speakers) Microphones: # _____ Podium: _____ Computer Sound: _____
	<b>FULL Sound System</b> *bring your own instruments, amps, & any accessories Indicate which instruments you will be bringing so we can arrange basic set up on stage before your arrival Acoustic Guitar # _____ With Mic _____ Bass Guitar _____ With Mic _____ Electric Guitar # _____ With Mic _____ Keyboard _____ With Mic _____ Vocalist # _____ (without instruments) Drum Set _____ (provided) Other? _____  Band Leader: _____ Phone #: _____ Email: _____ *Please allow time for final stage setup & sound check upon arrival, do not schedule worship as first item on agenda
	<b>CHALLENGE COURSE</b> *indicate elements your group might be interested in, staff and weather will determine program
	<b>Outdoor Elements</b> - Your choice of the following – rank in order of priority, 1=highest priority Low Ropes (Team building) _____ Zip Line _____ Archery _____ Giant Swing _____ N/A _____
	<b>Indoor Elements</b> - Your choice of the following – rank in order of priority, 1=highest priority High Ropes _____ Climbing Wall _____ Centipede Climb _____ Giant Ladder _____
	<b>Guest with Special Needs</b> Please Specify: _____
	<b>Guest with Food Allergies</b> (Please have individuals fill out the 'special diet request form' on our website) Please Specify: _____

<b>FINAL BALANCE CALCULATION</b> *to be completed in Camp Shiloh office	
*Balance is due upon arrival, please bring one check made payable to Shiloh Bible Camp.	
<b>Overnight Price</b> _____ + <b>Holiday</b> _____ + <b>Extra Meals</b> _____	
<b>Package Price</b> , per person _____ X # of People _____ =	\$
<b>Adventure Course</b> , per person _____ X # of People _____ =	+ \$
_____ <b>Guest Rooms</b> , \$50 per night X # of nights _____ =	+ \$
<b>Day Visitors</b> , \$50 per person X # of People _____ =	+ \$
<b>Additional Fees</b> (unpaid registration fee / date retainer fee, linen rental, property damage) =	
<b>Subtotal</b>	= \$
<b>Subtract Date Retainer</b> (\$1,000 or \$2,000)	- \$
<b>Total Balance Due =</b>	
___ Check (# _____) ___ Credit Card (last 4 digits: _____) ___ Other (_____)	

