

Camp Shiloh 2020 - 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: _____

Total Head Count, Overnight Guests: _____ *Groups are responsible to pay for number of attendees registered.

TOTAL FEMALES: _____ # of Female Campers: _____ # of Female Leaders: _____

TOTAL MALES: _____ # of Male Campers: _____ # of Male Leaders: _____

Extra Day-Visitors: # _____ Visitor Arrival Time: _____ Visitor Departure Time: _____

*Due NOW (1 month 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

Check	AUDIO / VISUAL SETUP	Meeting Room: Fireside Room (<100) / Upper Chapel (<50) / Lower Chapel (<30)
	We are bringing our own sound equipment	
	Projector & Screen needed – please bring your own laptop, charger, & any adapters	
	LIMITED Sound System ONLY (just microphone and/or computer with speakers) Microphones: # _____ Podium: _____ Computer Connection: _____	
	FULL Sound System for a band - *bring your own instruments, amps, & any accessories needed 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	
	Other Setup Requests/Notes:	
	CHALLENGE COURSE *indicate elements your group might be interested in, staff and weather will determine program	
	Outdoor Elements - Your choice of the following – rank in order of priority, 1=highest priority Low Ropes (Team building) _____ Zip Line _____ Archery _____	
	Indoor Elements - Your choice of the following – rank in order of priority, 1=highest priority High Ropes _____ Climbing Wall _____ Centipede Climb _____ Giant Ladder _____	
	Guest with Special Needs Please Specify: _____	
	Guest with Food Allergies (Please have individuals fill out the 'special diet request form' on our website) Please Specify: _____	

FINAL BALANCE CALCULATION *to be completed in Camp Shiloh office		
*Balance is due upon arrival, please bring one check made payable to Shiloh Bible Camp.		
Package Price , per person _____ X # of People _____	=	\$ _____
Challenge Course , per person _____ X # of People _____	=	+ \$ _____
_____ Guest Rooms , \$50 per night X # of nights _____	=	+ \$ _____
_____ Day Visitors , \$50 per person X # of People _____	=	+ \$ _____
Additional Fees (unpaid registration fee, extra rooms, linen rental, property damage) =		
Subtotal	=	\$ _____
Subtract Date Retainer	=	- \$ _____
Total Balance Due =		
_____ Check (# _____) _____ Credit Card (last 4 digits: _____) _____ Other (_____)		