



Group Overnight Retreat 2022 – Final Details & Payment

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

*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

Church/Organization Information:	
Name of Church	
Retreat Dates	

FINAL BALANCE CALCULATION *to be completed in Camp Shiloh office	
<small>*Balance is due upon arrival, please bring one check made payable to Shiloh Bible Camp.</small>	
Registration Fee Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Package Price: ____ Nights / ____ Meals = Overnight package price \$ _____ + Any extra meals/time (\$15 ea) _____ + Holiday charge (\$10) _____ Overnight Guests: per person _____ X # of people _____	\$
Day Visitors: \$50 per person X # of people _____ =	+ \$
Indoor Pool: <input type="checkbox"/> up to 30 guests, \$300 <input type="checkbox"/> up to 60 guests, \$600 <input type="checkbox"/> up to 90 guests, \$900	+ \$
Adventure Activities: # of elements: ____ @\$5ea = \$ _____ pp X of people _____ =	+ \$
Team Building: #of hours ____ @ \$5pp/hour = \$ _____ pp X #of people _____ =	+ \$
Private Rooms: # ____ @\$50 per night X # of nights _____ =	+ \$
Additional Fees: (extra meeting room \$200; linen rentals \$10 ea) =	
Additional Fees: (unpaid registration fee, late paperwork charge, property damage, housekeeping) =	
Subtotal	= \$
Subtract Date Retainer	- \$
Total Balance Due =	

FINAL Payment Info: Remember to include your group name & retreat dates on all payments	
Cash	Amount: \$ _____ Date: ____/____/_____
Check	Amount: \$ _____ Date: ____/____/_____ Check #:
Paypal (+3%)	Amount: \$ _____ Date: ____/____/_____ Confirmation #:
Venmo (+2%)	Amount: \$ _____ Date: ____/____/_____ Venmo Name:
Payment made by:	Guest Signature:
Collected by:	Staff Member: