



Group Overnight Retreat – 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 Headcount *Groups are responsible to pay for number of attendees registered					
Overnight GIRLS		Overnight GUYS		DAY GUESTS	
# of Female Campers		# of Male Campers		# of Day Guests	
# of Female Leaders		# of Male Leaders		Guests Arrival Time	
TOTAL FEMALES		TOTAL MALES		Guests Departure Time	

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.	
Registration Fee Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Package Price: Overnight package _____ + Any extra meals/time (\$15 ea) _____ + holiday charge (\$10)	
Package Price, per person _____ X # of People _____ =	\$
Indoor Pool, per person <u> N/A </u> X # of People _____ =	+ \$
Challenge Course, per person <u> \$30 </u> X # of People _____ =	+ \$
_____ (#) Guest Rooms, \$50 per night X # of nights _____ =	+ \$
Day Visitors, \$50 per person X # of People _____ =	+ \$
Additional Rooms: (extra meeting room \$200, breakout rooms \$50)	
Additional Fees: (unpaid registration fee, linen rentals, property damage) =	
Subtotal	= \$
Subtract Date Retainer	- \$
Total Balance Due =	

FINAL Payment Info: Remember to include your group name & retreat dates on all payments			
Check	Amount: \$ _____	Date: ____/____/_____	Check #:
Paypal	Amount: \$ _____	Date: ____/____/_____	Confirmation #: