



SHILOH ADVENTURE CAMP

2011 Camper Registration Form

USE OF FORM: For registering one or more campers per family, attending the same week(s). Submit separate forms for campers attending distinct weeks. See instructions at the bottom for sending in this form by e-mail, postal mail or fax, and for submitting camper registration payment.

Camper # 1 _____ Age _____ Gender _____ Bunk With _____

DOB _____ Grade (Next Fall) _____ T-shirt size: _____ Youth ___ Adult

Camper # 2 _____ Age _____ Gender _____ Bunk With _____

DOB _____ Grade (Next Fall) _____ T-shirt size: _____ Youth ___ Adult

For three or more campers in the same family complete the upper section of another registration form and attach to this form.

Parent/Guardian(s) _____ (Primary Contact) _____ (Alternate)

Street Address (Primary): _____

City/Town: _____ State _____ Zip _____

Phones (Primary): Home _____ Cell/Work _____

Phones (Alternate): Home _____ Cell/Work _____

Email: _____ (Primary) _____ (Alternate)

Emergency Contact(s): _____ Relationship to Camper _____

Phone Numbers: Home _____ Cell/Work _____

How did you hear about us? _____

Prior Shiloh Camper? ___ Yes ___ No If yes, how many years? _____

Church you attend/location/Pastor or Youth Leader: _____

- | | | |
|--------------------------|---------------|---------------------------------------|
| <input type="checkbox"/> | Week 1 | June 12 – June 17 (Ages 8-12) |
| <input type="checkbox"/> | Week 2 | June 19 – June 24 (Ages 12-15) |
| <input type="checkbox"/> | Week 3 | June 26 – July 1 (Ages 8-15) |
| <input type="checkbox"/> | Week 4 | July 3 – July 8 (Ages 8-15) |
| <input type="checkbox"/> | Week 5 | July 10 – July 15 (RESERVED) |

New All-Inclusive Fees: Includes all lodging, meals, camp T-shirt, water bottle, excursion to North County Aquatic Park, excursion to South Beach Community Center Gym, Sebastian Tidal Pool excursion, bus transportation on excursions, arts and crafts materials, On-line Photo Pass, and 5x7 Cabin Photo.

	# of Campers	# of Weeks	Cost Each	=	Sub Total
Early Bird Special (Full Payment by May 15 th):	___	x ___	\$325	=	_____
Regular (Payment after May 15 th):	___	x ___	\$350	=	_____
Camp Store Card (\$10/\$20/\$30/\$40/\$50/etc)	___	x n/a	_____	=	_____
Optional - Snorkel & Mask Rental:	___	x ___	\$5	=	_____
Total:					_____

INSTRUCTIONS: A minimum of \$100 deposit per week is required to reserve each camper's spot. The balance is due two weeks prior to week of camp. Shiloh must receive registration fees paid in full **by May 15th** to qualify for the Early Bird discount. Please make checks payable to "Shiloh Adventure" and write camper's name on the check memo line. Please mail the completed form and payment check to: **Shiloh Adventure PO Box 74 Cocoa, FL 32923-0074.** OR complete the Credit Card information below and fax to Shiloh Adventure at 321.454.4614. Call for help or more info: 321.452.3943

Name on Card: _____ Visa ___ Mastercard ___ Discover ___

Billing Address: _____

Amount: \$ _____ Card Number: _____

Expiration Date _____ 3 Digit Card Security Code (on back) _____

Signature: _____ Date: _____