2010 FAMILY EVENTS REGISTRATION (Not for Summer Camp)

NOT FOR SUMMER CAMP REGISTRATION! SEE PAGE 8!

EVENTS REGISTRATION

☐ **Family Camp, Session 1** *(Sunday-Wednesday)*: August 8-11 **OR** ☐ **Family Camp, Session 2** *(Thursday-Sunday)*: August 12-15

Housing Preference Requests *(we will do our best to accommodate you).*

- ☐ Camping on Own ..... $80/Person Max $320/Family _____
- ☐ Platform Tent or Covered Wagon..... $80/Person Max $320/Family _____
- ☐ Cabin..... $90/Person Max $365/Family _____
- ☐ Retreat Center, Koinonia Lodge, or Log Cabin..... $100/Person Max $410/Family _____

FAMILY DISCOUNT APPLIES TO IMMEDIATE FAMILY ONLY. CHILDREN 4 AND UNDER ARE FREE!

- ☐ Grandparent/Grandchild Camp: August 15–18..... $90/Person
- ☐ Mother/Daughter Camp: August 20-22..... $70/Person
- ☐ Father/Son Camp: August 20-22 ..... $70/Person
- ☐ Parent/Child Horse Ranch: August 28-30..... $100/Person

Family Members Attending Camp:

Adult(s):_____

Address: _____

City:_____ State_____ Zip _____ Phone _____

E-mail: _____

Children: _____ Age_____ Grade in Fall '10_____

_____ Age_____ Grade in Fall '10_____

_____ Age_____ Grade in Fall '10_____

_____ Age_____ Grade in Fall '10_____

Home Church _____Town _____

Emergency Contact for someone NOT at camp with you:

Emergency Name_____ Emergency Phone Number_____

Health Insurance Co. _____ ID Number _____

Please send this form with a $50 deposit to: Sugar Creek Bible Camp, 13141 Sugar Creek Rd., Ferryville, WI 54628

2010 RETREATS REGISTRATION (Not for Summer Camp)

NOT FOR SUMMER CAMP REGISTRATION! SEE PAGE 8!

RETREATS REGISTRATION

Last name _____ First _____

Address _____

City _____ State _____ Zip _____

Home phone_____ Cell _____

E-mail _____

Home Church _____ Town _____

Emergency contact _____ Phone _____

Allergies/medical needs_____

Roommate request_____

Retreat I am registering for:_____Date _____

If participant is under 18, see below:

Parent/guardian name _____

Participant's date of birth_____ **Grade** _____

Prescription medications _____

Health insurance company _____ Policy # _____

Parental permission: This form is correct as far as I know, and the person herein described has permission to engage in all camp activities, except those noted on this form. In the event of an emergency and I cannot be reached, I give permission to the physician selected by camp to give necessary medical treatment to the person listed above. I also give the camp permission to use photos of my child in promotional publications.

Signature _____ Date _____

Please mail in form and payment to: Sugar Creek Bible Camp, 13141 Sugar Creek Rd., Ferryville, WI 54628