

2009 FAMILY EVENTS REGISTRATION

_____ Family Camp, Session 1 (Sunday-Wednesday): August 9-12

_____ Family Camp, Session 2 (Thursday-Sunday): August 13-16

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

Housing Preference*

- _____ Camping on Own..... \$70/Person Max \$300/Family _____
- _____ Platform Tent or Covered Wagon \$70/Person Max \$300/Family _____
- _____ Cabin \$80/Person Max \$345/Family _____
- _____ Retreat Center, Koinonia Lodge, or Log Cabin..... \$90/Person Max \$390/Family _____
- _____ Grandparent/Grandchild Camp: August 16-19 \$75/Person
- _____ Mother/Daughter Camp: August 21-23 \$60/Person
- _____ Father/Son Camp: August 21-23..... \$60/Person
- _____ Parent/Child Horse Ranch: August 28-30..... \$80/Person

Family Members Attending Camp

Adult(s): _____

Address: _____

City: _____ State _____ Zip _____ Phone _____

E-mail: _____

Children: _____ Age _____ Grade in Fall '09 _____
 _____ Age _____ Grade in Fall '09 _____
 _____ Age _____ Grade in Fall '09 _____
 _____ Age _____ Grade in Fall '09 _____

Home Church _____ Town _____

Emergency Contact for someone NOT at camp with you. Name & 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

2009 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