

2010 FAMILY EVENTS REGISTRATION (Not for Summer Camp)

NOT FOR SUMMER CAMP REGISTRATION! SEE PAGE 8!

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

EVENTS REGISTRATION

2010 RETREATS REGISTRATION (Not for Summer Camp)

NOT FOR SUMMER CAMP REGISTRATION! SEE PAGE 8!

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

RETREATS REGISTRATION