

2012 FAMILY EVENTS REGISTRATION (NOT FOR SUMMER CAMP)

NOT FOR SUMMER CAMP REGISTRATION! SEE PAGE 8!

Family Camp, Session 1 (Sunday-Wednesday): August 12-15 **OR** Family Camp, Session 2 (Thursday-Sunday): August 16-19
Housing Preference Requests (we will do our best to accommodate you).

- Bring your own RV or Tent \$80/Person Max \$340/Family _____
- Platform Tent or Covered Wagon \$80/Person Max \$340/Family _____
- Cabin \$95/Person Max \$400/Family _____
- Retreat Center, Koinonia Lodge, or Log Cabin \$105/Person Max \$460/Family _____

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

- Grandparent/Grandchild Camp: August 20-22 \$90/Person
- Mother/Daughter Camp: August 24-26 \$75/Person
- Father/Son Camp: August 24-26 \$75/Person
- Parent/Child Horse Ranch: July 1-3 \$100/Person

Total Cost _____

Family Members Attending Camp:

Adult(s): _____

Address: _____

City: _____ State _____ Zip _____

E-mail: _____

Children: _____

| |
|---|
| <p>Credit Card Information <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover</p> <p>Please Charge \$ _____</p> <p>Card # _____</p> <p>Expiration _____</p> <p>Cardholder's Name (printed) _____</p> <p>Cardholder's Signature _____</p> |
|---|

Age _____ Grade in Fall '12 _____

Age _____ Grade in Fall '12 _____

Age _____ Grade in Fall '12 _____

Age _____ Grade in Fall '12 _____

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 at least a \$50 deposit to: Sugar Creek Bible Camp, 13141 Sugar Creek Rd., Ferryville, WI 54628

EVENTS REGISTRATION

2012 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 _____

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 _____ Boy Girl

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 \$25 deposit to: Sugar Creek Bible Camp, 13141 Sugar Creek Rd., Ferryville, WI 54628

Ordinary People... Extraordinary God

RETREATS REGISTRATION

