

# Family Camp Enrollment Form (Not For Summer Camp)

Online Registration preferred and available at [www.SugarCreekBibleCamp.org](http://www.SugarCreekBibleCamp.org)



**Session** ATTN: New registration format. Contact the office with questions (608)734-3113.

- Family Camp  Session 1 (Sun – Wed) July  
**OR**  Session 2 (Sun – Wed) August  
**OR**  Session 3 (Thurs – Sun) August

### Lodging Options and Upgrade Pricing

Your Own Tent.....	\$0/family
Your Own RV.....	\$0/family
Covered Wagon.....	\$0/family
Frontier Town Cabin.....	\$50/family
Seeker Cabin.....	\$50/family
Koinonia Lodge.....	\$150/family
Manna Center.....	\$150/family
Retreat Center.....	\$150/family
Log Cabins.....	\$300/family
St. Paul's Cabin.....	\$400/family

### Lodging Request

Please list your Lodging Request in order of preference.

Requests will be honored based on order received, availability and special needs.

- 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

Koinonia Lodge is not available during Session 1.

### Family Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Home Congregation and Town: \_\_\_\_\_

**Members Attending** (Grade is grade attending in Fall '24):

**Price/person \$175** ages 5 and up. Includes meals, programming and basic lodging.

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

**Emergency Contact for someone NOT at camp with you:**

Contact Name: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Payment Information (\$100 deposit is required to complete your enrollment)

Total Cost: \_\_\_\_\_

Payment Enclosed: \_\_\_\_\_ Method of Payment: Check Visa MasterCard Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CV#: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Cardholder's Name (Printed, as on card): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_