

Camp Shiloh 2017 - Overnight Retreat – Registration Details (Part 2/2)

www.campshiloh.com | 753 Burnt Meadow Road, Hewitt NJ 07421 | 973.728.7845 | register@campshiloh.com

Church/Organization Name: _____

Retreat Dates: _____

Updated Total Head Count: _____ *Groups are responsible to pay for number of attendees registered.

of Female Campers: _____ # of Female Leaders: _____

of Male Campers: _____ # of Male Leaders: _____

Guest Room 1: # of guests: _____ Guest Room 2: # of guests: _____

Extra Day-Visitors: # _____ Visitor Arrival Time: _____ Visitor Departure Time: _____

*Due NOW with this form: Room Assignments, Detailed Schedule *Shiloh Staff reserves the right to make/change schedules, flexibility is appreciated

*Due Upon Arrival: Final Payment, Parental Permission/Medical Release Form for each guest.

Check	AUDIO / VISUAL SETUP Meeting Room: Fireside Room or Chapel
	Projector & Screen - for connection to YOUR computer
	LIMITED Sound System ONLY (microphone and/or computer sound with speakers) Microphones: # _____ Podium: _____ Computer Sound: _____
	FULL Sound System *bring your own instruments, amps, any accessories Indicate which instruments you will be bringing so we can arrange basic set up on stage before your arrival Acoustic Guitar # _____ With Mic _____ Bass Guitar _____ With Mic _____ Electric Guitar # _____ With Mic _____ Keyboard _____ With Mic _____ Vocalist # _____ (without instruments) Drum Set _____ (provided) Other? _____ Band Leader: _____ Phone #: _____ Email: _____ *Please allow time for final stage setup & sound check upon arrival, do not schedule worship as first item on agenda
	CHALLENGE COURSE *indicate elements your group might be interested in, staff and weather will determine program
	Outdoor Elements - Your choice of the following – rank in order of priority, 1=highest priority Low Ropes _____ Zip Line _____ Giant Swing _____ Archery _____
	Indoor Elements - Your choice of the following – rank in order of priority, 1=highest priority High Ropes _____ Climbing Wall _____ Giant Ladder _____ Centipede Climb _____
	Guest with Special Needs Please Specify: _____
	Guest with Food Allergies (Please have individuals fill out the 'special diet request form' on our website) Please Specify: _____

FINAL BALANCE CALCULATION *to be completed in Camp Shiloh office	
*Balance is due upon arrival, please bring one check made payable to Shiloh Bible Camp.	
Overnight Price _____ + Holiday _____ + Extra Meals _____	
Package Price , per person _____ X # of People _____ =	\$
Adventure Course , per person _____ X # of People _____ =	+ \$
_____ Guest Rooms , \$50 per night X # of nights _____ =	+ \$
Day Visitors , \$50 per person X # of People _____ =	+ \$
Additional Fees (unpaid registration fee / date retainer fee, linen rental, property damage) =	
Subtotal	= \$
Subtract Date Retainer (\$1,000 or \$2,000)	- \$
Total Balance Due =	
___ Check (# _____) ___ Credit Card (last 4 digits: _____) ___ Other (_____)	

