

Registration Form

Camper Name:

Male Female Age _____

Address:

City: _____ State: _____

Zip Code: _____

Phone: () _____ - _____

I am aware that my child/resident will be attending the Fall Retreat, October 5th-7th, 2018 at Arrowhead Bible Camp.

Signature of Parent/Care Provider – Date

Please mail complete form to:
Shepherds Camp
122 Arrowhead Cottage Rd.
Brackney, PA 18812

Questions or Comments?
Email: jg.arrowhead@gmail.com
Website: www.arrowheadbiblecamp.org
Phone: 570-663-2419



Registration Deadline:
October 1st
Retreat fills quickly- sign up today!

Arrowhead Bible Camp
Shepherds Camp
122 Arrowhead Cottage Rd
Brackney, PA 18812
ADDRESS SERVICE REQUESTED

NONPROFIT ORG
US POSTAGE PAID
MONTROSE, PA
PERMIT NO 2

Shepherds Fall Retreat 2018

October 5th-7th
New & Returning
Campers Welcome



FALL RETREAT 2018 — Come Join Us!



The Fall Retreat is here again! A fun 3 day retreat to connect with campers and staff! It is also a great chance for new campers to get a little taste of what camp life is like. To register, complete the registration form and send it to the address given along with the \$50 registration fee. If you attended camp this summer (2018) we do not need a new medical history, just fill out the form on the back. New campers will need to contact the Program Manager and submit needed medical information so we have a full medical history on file. After we receive your registration form and deposit we will send you a confirmation letter, packing list, and Medicine Administration Form. Please complete and send in the Medicine Administration Form on or before October 1st, 2018.

See you soon!

Jon Groves
Program Manager
jg.arrowhead@gmail.com
570-663-2419

Camper Name: _____

Emergency Contact:

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone: () _____ - _____

Doctor Information:

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone: () _____ - _____

Allergies: no yes, _____

Seizures: no yes

Diabetic: no yes

Daily Living: Does the camper...

Have any fears no yes, _____

Wear glasses no yes

Use hearing aid no yes

Have dentures no yes

Need to be awakened for the toilet no yes

Does the camper need help with...

Dressing no yes

Eating no yes _____

Bathing no yes (Food Prep)

Further Comments: _____

OFFICE USE ONLY

Date: _____

Payment: _____

Balance: _____

Check #: _____

Payment Information

Total Cost: \$125

Registration Fee: \$50 (please enclose)

Registration Fee is Non-Refundable

Balance Due: \$75 (due on arrival)

Please Make Checks Payable to:

Arrowhead Bible Camp

Drop off Friday:

Oct. 5th @ 7pm

Pick up Sunday:

Oct 7th @ 1:00pm

Sleeping Arrangements:

All Campers will be staying upstairs in the dorms and hourly bed checks will be provided. All applicable protective oversight plans will be in effect.

Our Mission:

The mission of the Shepherds Camp Program is to meet the spiritual and recreational needs of people with developmental disabilities while ministering to parents and care providers by providing a time of respite.

Acceptance:

The Shepherds Retreat Program accepts campers who are without aggressive behavior, can communicate needs, who are ambulatory and independent in eating and toileting. These rules in the program are the same for everyone without regard to race, color, sex, age, or national origins.

