

Registration Form

Camper Name:

Male Female Age _____

Address:

City: _____ State: _____

Zip Code: _____

Phone: () _____ - _____

I am aware that my child/resident will be attending the Spring Retreat, April 6th-8th, 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.shepherdscamp.org
Phone: 570-663-2419



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

NONPROFIT ORG
US POSTAGE PAID
MONTROSE, PA
PERMIT NO 2



Shepherds
Spring Retreat
2018

April 6th - April 8th



The Spring Retreat is always an exciting time for staff, campers, and guests to catch up and take advantage of the warm weather! It is also a great time for new campers interested in attending in the summer to get familiar with camp and our program over a weekend!

To register, complete the registration form and send it to the address given along with the \$50 registration fee. If you attended camp this past summer (2017) we do not need a new medical history, just fill out the form on the back. New campers will need to call the program manager.

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 March 31st, 2018.

See you in the Spring!

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 to help us care for your camper:

OFFICE USE ONLY

Date: _____

Payment: _____

Check #: _____

**Shepherds Camp Spring Retreat
Payment Information**

Total Cost: \$135

Registration Fee: \$50 (please enclose)

Registration Fee is Non-Refundable

Balance Due: \$85 (due March 31st)

Please Make Checks Payable to:

Arrowhead Bible Camp

Drop off Friday:

April 6th @ 7pm

Pick up Sunday:

April 8th @ 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 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.

