

Payment Information

Total Cost: \$115

Registration Fee: \$50 (please enclose)
Balance Due: \$65 (due on arrival)

Please Make Checks Payable to:
Arrowhead Bible Camp

Registration Fee is Non-Refundable



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. Shepherds Camp is unable to accept campers limited to wheelchairs. The camper should be able to participate in the program.

Questions or Comments? Contact us by phone, email, or mail.

Email: abc@arrowheadministry.org

Website: www.shepherdscamp.org

Phone: 570-663-2419

Camper Name: _____

Emergency Contact:

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone: () _____ - _____

Doctor Information:

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone: () _____ - _____

Is camper regularly on medication?

no yes

Allergies: no yes, _____

Seizures: 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

Other _____

- Please note that Arrowhead is not able to provide special diets.

Please provide any pertinent information that would assist the staff is caring for this individual:

Once the registration is accepted you will receive a confirmation packet in the mail which includes: packing list, directions, and Medicine Administration Form. Please mail/fax the Medicine Administration Form to Arrowhead Bible Camp on or before October 13th, 2010.



OFFICE USE ONLY

Date: _____

Payment: _____

Balance: _____

Check #: _____

August 23rd, 2010

Greetings from Camp!

The leaves are still green but we are excited here at Arrowhead Bible Camp to have campers back for our Fall Retreat!

The Fall Retreat is a three day weekend getaway that gives us a chance to catch up with many of our friends from the summer. Also, for new campers who are thinking about coming to camp, the Fall Retreat is a great way to experience a weekend of camp to see if they would like to come to camp in the summer.

To register, complete and detach the registration form and send it to the address given along with the \$50 registration fee. If you attended camp this summer (2010) we do not need a new medical history, just fill out the form on the back. New campers will need to meet the Program Manager and have a full medical form on file.

After we receive your registration form and deposit we will send you a confirmation letter and Medicine Administration Form. Please complete and send in the Medicine Administration Form on or before October 13th, 2010.

See you soon!



Sadie Engle
Program Manager

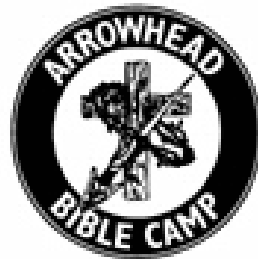
SHEPHERDS FALL RETREAT 2010

October 29th-31st

Registration: 7:00 pm Friday

Pick Up: 1:30pm Sunday

New and Returning Campers Welcome!



Shepherds Camp
Arrowhead Bible Camp
122 Arrowhead Cottage Rd
Brackney, PA 18812
(570) 663-2419
www.shepherds-camp.org

Shepherds Camp
Arrowhead Bible Camp
122 Arrowhead Cottage Rd
Brackney, PA 18812

Registration Form

(Complete Both Sides)

Camper Name: _____

Nickname: _____

Male Female Age _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone: () _____ - _____

Family/Care Provider(s) Information
(If different from above)

Address: _____

City: _____ State: _____

Zip Code: _____

Phone: () _____ - _____

I am aware that my child/resident will be attending the Fall Retreat, October 29th-31st, 2010 at Arrowhead Bible Camp.

Signature of Parent/Care Provider – Date

Please mail to:

Shepherds Camp
Arrowhead Bible Camp
122 Arrowhead Cottage Rd
Brackney, PA 18812

Registration Deadline: October 10th
Retreat fills quickly - sign up today!