

2018 Fall Ozark Sufi Camp Registration Form

Online Registration available at <http://shiningheartcommunity.org/register/>

Name(s): _____

Child(ren) name, age (important for meal planning): _____

Street Address: _____ City/State/ZIP: _____

Preferred Phone: _____ Preferred E-mail: _____

Opt Out of Camp Roster (your contact info will not be shared, nor will you receive a roster)

Emergency Contact Name: _____ Phone: _____

Arriving (day/time): _____ (important for meal planning) Departing (day/time): _____ (important for meal planning)

Special Dietary Considerations: _____

Cabin Preference (circle):

Family Couples Women Men Young Adult Easy Access (co-ed) Tent Camping Vehicle Camping

Comments: _____

Do you have a confirmed scholarship? If yes, circle which type: Full Half Scholarship position(s): _____

FEES

Deposit (\$100 per adult minimum or \$80 if on half-scholarship) \$ _____

Opt Out Karma Yoga (\$30/day or \$100 camp) \$ _____

Thursday (if not on scholarship/staff or without permission from camp manager, \$50 per adult) \$ _____

Insurance Surcharge of \$10 per person for everyone age 5 and up, including scholarship recipients

Total Number of Campers _____ x \$10 each = \$ _____

Total Amount Enclosed (Pay in Full by September 14, 2018 (Postmarked)) \$ _____

Balance due: \$ _____

Please make check payable to Shining Heart Community and mail to the Registrar: Kellie Rashida Herman, 1412 S. Fremont Ave.,
Springfield, MO 65804 Questions? Contact her at (417) 773-0515 or ozarksuficamp@yahoo.com
Please do not mail your registration form after September 14th! Call Rashida and bring your form with you to camp!