

2019 Fall Ozark Sufi Camp Registration Form

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

Name(s): _____

Child(ren) name, gender, 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 (\$20/day or \$80 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 3 and up,
including scholarship recipients Total Number of Campers ____ x \$10 each = \$ _____

Total Amount Enclosed (Pay in Full by Sept. 15, 2017 (Postmarked)) \$ _____

Balance due: \$ _____

Please make check payable to Shining Heart Community and mail to: Rashida Kellie Herman
1412 S. Fremont Ave., Springfield, MO 65804. Questions? Contact Gayan at (612)-720-4535 or falozark@yahoo.com
Please do not mail your registration form after Wednesday September 25! Call Gayan and bring your form with you to camp!