Spring 2024 Ozark Sufi Camp Registration Form

Name(s):	
Child(ren) name, gender, age (important for meal planning):	
Street Address:	
City/State/Zip:	
Preferred Phone:	
E-mail: Check to opt out of Camp Roster (your contact info will not b	
Emergency Contact Name: Phon	ne Number:
Arriving (day/time): (in	mportant for meal planning)
Departing(day/time):(in	mportant for meal planning)
Special Dietary Considerations:	Adult co-ed Easy Access (co-ed)
Do you have a confirmed scholarship? If yes, circle which type: ful	ll half
Scholarship position(s)	
Camp fees (See fee schedule below)	\$
Opt Out Karma Yoga (\$120 per person or \$30 per day)	\$
Wednesday arrival (if not on scholarship/staff Must ask permission from registrar or managers, \$60 per adult) Liability Insurance Surcharge of \$10 per person for everyone 5 and up al Number of Campers X \$10 each	\$ \$
Additional donation to the scholarship fund	\$
Total Amount Enclosed	\$

Please make check payable to **Shining Heart Community** and mail to:

Aziza Riely 1901 Americus Dr Columbia, MO 65202 (573) 999-6635 Registration questions: contact Ayesha Graham-Henning (816) 785-3171

email azizaozarkcamp@gmail.com email ayeshagbh@yahoo.com

If registering after May 8, add \$100 to each adult, senior and young adult camper's fees to cover the added costs of purchasing food locally.

DO NOT mail Registration Form after May 15. Call to register and bring it with you to camp!

Camp Fe	Daily rate		
Adult 31-64	\$350 + \$10 for	\$120 per day + \$10 for	
	insurance	insurance	
Senior 65+	\$310 + \$10 for	\$100 per day + \$10 for	
	insurance	insurance	
Young Adult 20-30	\$230 + \$10 for	\$80 per day + \$10 for	
	insurance	insurance	
Teen 13-19	\$150 + \$10 for	\$70 per day + \$10 for	
	insurance	insurance	
Child 5-12	\$60 + \$10 for insurance	\$50 per day + \$10 for	
		insurance	

Additional comments:			