

Here are the details!

Teen Retreat	Kid's Camp
Dates	
June 24-26 Friday - Sun	July 6-9 Wed - Sat
Cost	
\$60	\$80
Registration Deadlines	
June 3rd	June 17th

Registration Info
Make Checks Payable To: Shiloh Camp
Send Registration Forms and Payments In One Envelope To: Shiloh Camp P.O. Box 7476 Baltimore, MD 21227
Camp Location: 5916 Shiloh Camp Road Hurlock, MD 21643

Contact
Roger Reynolds 443-345-7216
Nikki Reynolds 443-477-0403
E-mail roger.reynolds@comast.net

What to Look Forward Too!

Activities: You will take part in exciting activities throughout the week! This includes sports, games, breakout sessions, tribe competitions, and services. A detailed schedule of all activities will be available upon arrival.

Worship: Camp worship sessions are high impact, energetic, and exciting!

Services: Each service is specifically geared toward age groups.

Food: Amazing Food for breakfast, lunch and dinner will keep you fueled up throughout the day!

Friendships: You will have the opportunity to meet many new people who share their passion for pursuing God as they spend time here at Shiloh!

Medical Release Form

I give permission for _____ to attend (**Circle One: Teen Retreat/ Kid's Camp**). I hereby release Shiloh Camp, its staff, and sponsors from responsibility and liability for any injury or illness that my child may sustain during any activity. In the event of an emergency, I hereby authorize the Shiloh staff as agents for me to consent to medical treatment until I can be contacted.

Printed Name of Parent/ Legal Guardian

Phone: _____ (H/C/W)

Emergency Contact:
Name: _____
Relation: _____
Phone: _____
Insurance Company: _____
Policy Number: _____
Group Number: _____
List of Medications: _____
Allergies/ Known Medical Conditions: _____
Other concerns: _____

Signature of Parent or Legal Guardian Date

2016 Camp Registration Form

Circle One: I am Registering for ...	
Teen Retreat	Kid's Camp
Name: (First and Last)	
Age:	Birth Date:
Address: (Full Address)	
Parent/Guardian Name:	
Phone:	
School Grade Completed This Year:	
Gender: (Check One)	
Male ()	Female ()
Name of Church or Organization you are attending with:	
Name of Youth Pastor/Pastor:	
Youth Pastor/Pastor Phone:	

Pastor/Youth Pastor's Signature **Date**
(I have reviewed all rules and regulations with this camper.)

Youth Signature **Date**
(I have been informed of all the rules and regulations and agree to follow them.)

SUMMER SCHEDULES

TEEN RETREAT

FRIDAY:

**4:00- CHECK IN
 5:00-KICK OFF!**

SATURDAY:

**ACTIVITIES ALL DAY
 SERVICE @ 7PM**

SUNDAY:

**BREAKFAST & SERVICE
 DEPARTURE @ 12PM**

KID'S CAMP

WEDNESDAY:

**4:00 - CHECK IN
 5:00 - KICK OFF!**

THURSDAY-FRIDAY

**BREAKFAST @ 8AM
 ACTIVITIES ALL DAY
 SERVICES @ 7PM**

SATURDAY

**BREAKFAST & SERVICE
 DEPARTURE @ 12 PM**

SHILOH SUMMER SESSIONS

AGES 13-18

**TEEN
 RETREAT
 JUNE 24-26**



**Speaker:
 Chris Connell**

AGES 8-12

**KID'S
 CAMP
 JULY 6-9**



**Special
 Guest:
 Rebekah Reese
 &**



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