

Please complete **ONE APPLICATION** for each family.

Last Name: _____ First Name: _____

M / F Age: _____ Birthdate: _____ Optional: Jew Gentile Cell: _____

Occupation: _____ Email: _____

How long have you been a believer? _____ How much Bible background do you have? _____

Have you attended *Shoshanah* before? _____ If so, what years? _____

If this is your first time to attend, how did you hear about us? _____

Spouse's Name (if attending with you): _____

M / F Age: _____ Birthdate: _____ Optional: Jew Gentile Cell: _____

Occupation: _____ Email: _____

How long have you been a believer? _____ How much Bible background do you have? _____

Have you attended *Shoshanah* before? _____ If so, what years? _____

If this is your first time to attend, how did you hear about us? _____

List child(ren) attending with you: (expected to attend children/youth program unless over 18 or high school graduate)

Child #1 Name: _____ M / F Age: _____ Birthdate: _____

Child #2 Name: _____ M / F Age: _____ Birthdate: _____

Child #3 Name: _____ M / F Age: _____ Birthdate: _____

Child #4 Name: _____ M / F Age: _____ Birthdate: _____

(Please include information for additional children on the next page)

Address: _____ City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____ Church/Congregation: _____

Please ☒ week(s) you are attending:

Jul 3-7 Jul 10-14 Jul 17-21 Jul 24-28 Jul 31-Aug 4 Aug 7-11 Aug 14-18 Aug 21-25 Sept 1-4

CANCELLATION POLICY: 50% of amount paid is refunded up to 60 days before your arrival. No refunds given if canceling less than 60 days before arrival. NO refunds available for Labor Day Weekend program regardless of when canceling.

A minimum deposit (10% of total or \$100, whichever is greater) must accompany application. Installments can be made, with the total being paid no later than 30 days prior to your arrival. Ariel Ministries has established a **scholarship fund** to aid those who wish to seriously study the scriptures through Ariel's Program of Messianic Studies. Pastors and missionaries receive priority. To apply for a partial scholarship please contact the Campus office for an application form. Submit the completed form along with the camp application and the payment/deposit, to the address below. **APPLICATION WILL NOT BE PROCESSED WITHOUT A DEPOSIT.**

Print and mail with payment to:
Ariel's Program of Messianic Studies

838 Trout Pond Road
Keeseville, NY 12944
(518) 834-6057 Fax (518) 834-7598

--OR--
Email this form to
shoshanahcampus@ariel.org

Accommodation total from other side: \$ _____

Donation to Scholarship Fund (optional): \$ _____

Total payment **OR** deposit amount: \$ _____

Please make checks payable to **Ariel Ministries**

...OR...

Pay online at <https://www.ariel.org/shoshanah/payment>

ACCOMMODATIONS, CONFERENCE FEE & MEALS - PER PERSON

Check-in/arrival times are Saturday 2 PM to 9 PM and Sunday 8 AM to 4 PM.

Check-out/departure time is **Saturday morning by 9:30 AM.**

| ACCOMMODATIONS | 1 WEEK | 2 WEEKS | 3 WEEKS | 4 WEEKS | 5 WEEKS | 6 WEEKS | 7 WEEKS | 8 WEEKS | TOTAL |
|----------------|-----------|------------|------------|------------|------------|------------|------------|------------|-------|
|----------------|-----------|------------|------------|------------|------------|------------|------------|------------|-------|

(Please fill in the total amount in the last column. Prices listed are per person)

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|---------------------------------|-------|--------|--------|--------|--------|--------|--------|--------|--|
| Basic Cabin, no A/C or bathroom | \$840 | \$1596 | \$2268 | \$2856 | \$3360 | \$3780 | \$4116 | \$4368 | |
|---------------------------------|-------|--------|--------|--------|--------|--------|--------|--------|--|

| | | | | | | | | | |
|--------------------------------|-------|--------|--------|--------|--------|--------|--------|--------|--|
| Value Room A/C, no bathroom | \$876 | \$1664 | \$2365 | \$2978 | \$3504 | \$3942 | \$4292 | \$4555 | |
|--------------------------------|-------|--------|--------|--------|--------|--------|--------|--------|--|

| | | | | | | | | | |
|--|-------|--------|--------|--------|--------|--------|--------|--------|--|
| Comfort Room (shared) A/C, bathroom | \$906 | \$1721 | \$2446 | \$3080 | \$3624 | \$4077 | \$4439 | \$4711 | |
|--|-------|--------|--------|--------|--------|--------|--------|--------|--|

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|----------------------------|-------|--------|--------|--------|--------|--------|--------|--------|--|
| RV Spot w/FULL hook-ups | \$780 | \$1482 | \$2106 | \$2652 | \$3120 | \$3510 | \$3822 | \$4056 | |
|----------------------------|-------|--------|--------|--------|--------|--------|--------|--------|--|

| | | | | | | | | | |
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| Tent Spot w/NO hook-ups | \$648 | \$1231 | \$1750 | \$2203 | \$2592 | \$2916 | \$3175 | \$3370 | |
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|-------------------|-------|-------|--------|--------|--------|--------|--------|--------|--|
| Commuter w/ meals | \$516 | \$980 | \$1393 | \$1754 | \$2064 | \$2322 | \$2528 | \$2683 | |
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| Commuter w/o meals | \$390 | \$741 | \$1053 | \$1326 | \$1560 | \$1755 | \$1911 | \$2028 | |
|--------------------|-------|-------|--------|--------|--------|--------|--------|--------|--|

FAMILY SPECIAL: Three (3) or more children – one (1) is free.
Children under 2 are free.

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|---------------------------------|----------------------|-------|-------|--------|--------|--------|--------|--------|--------|--|
| No. of Children (age 2 – 17) | <input type="text"/> | \$408 | \$775 | \$1102 | \$1387 | \$1632 | \$1836 | \$1999 | \$2122 | |
|---------------------------------|----------------------|-------|-------|--------|--------|--------|--------|--------|--------|--|

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| Labor Day Weekend** | \$500 per person for the entire weekend (non-refundable) | | | | | | | | |
|---------------------|---|--|--|--|--|--|--|--|--|

** Labor Day Weekend conference begins with Shabbat dinner on Friday evening. Seating begins promptly at 5:45PM. Check-in/arrival is between 10:00AM and 3:45PM on Friday. Check-out/departure is Monday by 2:00PM. Those planning to stay after week 8 until Labor Day should contact the Campus Office for cost information.

| | | | | | | | | |
|---|--|--|--|--|--|--|--|--------------|
| | | | | | | | | TOTAL |
| Enter TOTAL on front of application A deposit is required at the time of application (10% or \$100.00 – whichever is greater) | | | | | | | | |

Please list information for additional children (from first page):

Please indicate any special needs (accessibility, etc.):