2024 APPLICATION FORM

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

JAH

th

Last Name:	First Name:					
M / F Age: Birthdate:						
Occupation:	Email:					
How long have you been a believer?						
Have you attended <i>Shoshanah</i> before?						
If this is your first time to attend, how did you hear						
Spouse's Name (if attending with you):						
M / F Age: Birthdate:						
Occupation:						
How long have you been a believer?						
Have you attended <i>Shoshanah</i> before?I						
If this is your first time to attend, how did you hear						
List child(ren) attending with you: (expec						
Child #1 Name:	M /F Age	:	Birthdate:			
Child #2 Name:	M /F Age	2:	Birthdate:			
Child #3 Name:	M / F Age	:	Birthdate:			
Child #4 Name:	M /F Age	2:	Birthdate:			
(Please include information for additional children o	on the next page)					
Address:	City:	Stat	e/Province			
	only :	0.00				
Zip/Postal Code: Country:	Church,	Congregation:				
Please 🗹 week(s) you are attending:						
Jul 1-5 Jul 8-12 Jul 15-19 Jul 22-26	Jul 29-Aug 2 Aug 5-9	Aug 12-16	Aug 19-23	Aug 30-Sep 2		
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.	(10% of total or \$100, wi e made, with the total k es has established a schold gh Ariel's Program of Me e <u>partial</u> scholarship pleas a form along with the APPLICATION WILL NOT E	peing paid <u>no la</u> crship fund to aid essianic Studies. e contact the Can camp applicatio	ater than 30 day d those who wish Pastors and mis npus office for an on and the payr	rs prior to your to seriously study sionaries receive application form. nent/deposit, to		
Print and mail with payment to:	Accommo	dation total fro	om other side:	5		
Ariel's Program of Messianic Studies	Donation 1	o Scholarship I	-und (optional):	\$		
838 Trout Pond Road	Total paym	nent OR deposit	amount:	\$		
Keeseville, NY 12944 (518) 834-6057 Fax (518) 834-7598						
OR	Ple	ase make check	s payable to Ari	el Ministries		
Email this form to shoshanahcampus@ariel.org		I	OR			

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 pe									
Commuter - no meals	\$310	\$589	\$837	\$1054	\$1240	\$1395	\$1519	\$1612	
Commuter - with meals	\$550	\$1045	\$1485	\$1870	\$2200	\$2475	\$2695	\$2860	
Tent Spot - no hook up	\$600	\$1140	\$1620	\$2040	\$2400	\$2700	\$2940	\$3120	
RV Spot - full hook up	\$780	\$1482	\$2106	\$2652	\$3120	\$3510	\$3822	\$4056	
Basic Cabin - no A/C no bathroom*	\$800	\$1520	\$2160	\$2720	\$3200	\$3600	\$3920	\$4160	
Value Room - A/C no bathroom*	\$875	\$1663	\$2363	\$2975	\$3500	\$3938	\$4288	\$4550	
Comfort Room - A/C and bathroom*	\$950	\$1805	\$2565	\$3230	\$3800	\$4275	\$4655	\$4940	
*Sorry, no single private rooms are available									
FAMILY SPECIAL: Three (3) or more children – one (1) is free. Children under 2 are free.									
No. of Children age 2 - 17	\$425	\$808	\$1148	\$1445	\$1700	\$1913	\$2083	\$2210	
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):

