

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:

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:

WEEK 1 WEEK 2 WEEK 3 WEEK 4 WEEK 5 WEEK 6 WEEK 7 WEEK 8 LABOR DAY

CANCELLATION FEE: 50% of total amount refunded up to the month before your arrival. i.e. if you cancel in May for July arrival, 50% is refunded. If canceling in June for July arrival, there is no refund.

Applications must be submitted with a deposit (minimum of 10% of the total, or \$100.00, whichever is greater). Payments can be made, with the total being paid no later than one month prior to your arrival. Ariel Ministries has established a scholarship fund to aid pastors and others, who wish to seriously study the scriptures, to attend Ariel's Program of Messianic Studies. To apply for a partial scholarship please contact the Camp office to obtain the scholarship 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
campshoshanah@gmail.com

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/camp/payment>

ACCOMMODATIONS, CONFERENCE FEE & MEALS - PER PERSON

Check-in/arrival times are between 2:00PM on Saturday through 7:00PM on Sunday evening.
Check-out/departure time is **Saturday** morning by 9:30AM.

ACCOMMODATIONS	1 WEEK	2 WEEKS	3 WEEKS	4 WEEKS	5 WEEKS	6 WEEKS	7 WEEKS	8 WEEKS	TOTAL
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(Please fill in the total amount in the last column. Prices listed are per person)

Basic Cabin, no A/C, no bathroom	\$700	\$1315	\$1830	\$2255	\$2585	\$2815	\$3045	\$3280	
Couples Cabin, double bed, A/C, no bathroom	\$730	\$1360	\$1900	\$2340	\$2680	\$2920	\$3160	\$3395	
Bunk Room (shared); single beds, A/C, bathroom	\$755	\$1415	\$1970	\$2430	\$2780	\$3030	\$3280	\$3535	
RV Spot w/FULL hook-ups	\$650	\$1210	\$1690	\$2080	\$2385	\$2595	\$2810	\$3030	
Tent Spot w/NO hook-ups	\$540	\$1010	\$1410	\$1735	\$1985	\$2165	\$2345	\$2525	
Commuter w/ meals	\$430	\$810	\$1125	\$1390	\$1590	\$1730	\$1875	\$2020	
Commuter w/o meals	\$325	\$605	\$845	\$1040	\$1190	\$1295	\$1405	\$1515	

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

No. of Children (age 2 – 17)		\$340	\$635	\$885	\$1090	\$1250	\$1365	\$1475	\$1590	
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Labor Day Weekend**	\$400 per person for the entire weekend (non-refundable)	
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** Labor Day Weekend conference begins with Shabbat dinner on Friday evening. Seating begins promptly at 4:45PM. Check-in/arrival is between 10:00AM and 3:45PM on Friday. Check-out/departure is Monday by 2:00PM.

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.):
