

## 2014 Spring Ozark Sufi Camp Registration Form

Name(s): \_\_\_\_\_  
\_\_\_\_\_

Child(ren) name, gender, age (important for meal planning):

\_\_\_\_\_  
\_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Preferred E-mail: \_\_\_\_\_

☐ Opt Out of Camp Roster (your contact info will not be shared, nor will you receive a roster)

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Arriving (day/time): \_\_\_\_\_ (important for meal planning)

Departing (day/time): \_\_\_\_\_ (important for meal planning)

Special Dietary Considerations: \_\_\_\_\_

Cabin Preference (circle):    Family    Couples    Women    Men    Easy Access (co-ed)

                 Camper/Vehicle    Pin Oak    Pin Oak (Young Adult)

Comments: \_\_\_\_\_  
\_\_\_\_\_

Do you have a confirmed scholarship? If yes, circle which type:    Full    Half

Scholarship position(s): \_\_\_\_\_

Deposit (\$100 per adult minimum) \$ \_\_\_\_\_

Opt Out Karma Yoga (\$20/day or \$100 camp) \$ \_\_\_\_\_

Thursday (if not on scholarship/staff or without permission  
from camp manager, \$50 per adult) \$ \_\_\_\_\_

Insurance Surcharge of \$10 per person for everyone age 3 and up  
including scholarship recipients

Total Number of Campers \_\_\_\_\_ x \$10 each = \$ \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_

**Balance due \$ \_\_\_\_\_**  
**Due in Full by May 1, 2014 (postmarked)**

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

**Halima Susan Schabillon, 510 Ridgeway Ave., Columbia, MO 65203**

Questions? Call her at (573) 815-0352 or email her at ozarksuficamp@yahoo.com with "Registrar" in Subject Line.

***Please do not mail registration form after May 16; bring it with you to camp!***