

SNOW CAMP RESERVATION FORM

1. Camper's Name: First: _____ Last _____
Date of Birth: _____ Sex: _____ Grade in School as of September, 2006: _____
Email: _____ **MUST be in 7th to 12th grades.**

2. Parent or Guardian Name: _____
Address: _____
City/State/Zip: _____
Phone: Day- (_____) _____ Evening- (_____) _____
Parent Email: _____

3. Program and Dates Attending: (Must miss school on Friday 2/23 or make previous arrangements with us.)
Program: Snow Camp From: 8:00 AM February 23, 2007 To: February 25, 2007

4. Group Information: Group Name: Our Hope Ministries
Address: 40 Fox Hill Lane Hillsborough, New Jersey 08844-5212
Phone: (908) 359-2574
Group Leader's Names: Thomas and Cathy Bell

5. Have you ever attended Word of Life before? _____
If yes, when? _____

6. Physical limitations, if any:
Please describe: _____

7. What church do you attend? _____

8. We will **NOT** let cost be a reason for not going. If there is a need, **PLEASE** ask us about scholarships. There is a **LIMITED** scholarship fund available. Any scholarship requests must be arranged when returning this reservation form.

Do you want someone to call you about scholarship needs? No _____ Yes _____

Reservations must be made immediately. **Space is limited !!**
Snow Camp weekends are always full and our spaces are on a first come basis!

Cost is \$149.00.

Registration must include a **\$75.00 deposit to confirm. (Deposits are transferrable but not refundable.)**
Make checks payable to, and mail this form to Our Hope Ministries (see #4 above).
(If the cost of the registration is a problem, please call us.)



We appreciate additional donations which help us to help others to go to these events !



For further information, or to register using **VISA** or **MasterCard**, call Cathy or Tom Bell at **Our Hope Ministries** at (908) 359-2574.