

שׁוֹשָׁנָה



SHOSHANAH

ARIEL'S PROGRAM OF MESSIANIC STUDIES 2010

(Please fill out one application for each attendee)

Last Name _____, **First Name** _____

Male / Female Jew / Gentile Age: _____ Birth Date: _____ How long have you been a believer? _____

Address _____ Email: _____

Phone: _____ Fax: _____

City State _____ Province _____ Country _____

Zip / Postal Code _____

Head of Household Occupation: _____ Congregation/Church: _____

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

How much Bible background do you have? _____

Please check the weeks you will attend:

2-1 Week Programs

July 10-17 July 17 – July 24

3-Week Program

July 24 - 31 July 31 - Aug. 7 Aug. 7 - 14

1-Week Six Program

Aug. 16-20

ACCOMMODATIONS:	1 Week	2 Weeks	3 Weeks	4 Weeks	5 Weeks	6 Weeks	TOTAL
Room/Cabin	\$450	\$800	\$1,150	\$1,300	\$1,450	\$1,550	_____
RV Site	\$375	\$650	\$ 925	\$1,075	\$1,300	\$1,400	_____
Dormitory	\$325	\$550	\$ 775	\$ 925	\$1,075	\$1,175	_____
Tent Site	\$275	\$450	\$ 625	\$ 775	\$ 925	\$1,025	_____
Commuter	\$200	\$300	\$ 400	\$ 550	\$ 700	\$ 800	_____
Children (2-17)	\$275	\$450	\$ 625	\$ 775	\$ 925	\$1,025	_____

Scholarship Fund (optional) \$ _____

PLEASE CHARGE MY CREDIT CARD (check one)

MasterCard VISA Discover

TOTAL AMOUNT DUE: \$ _____

Amount \$ _____

Card number _____

Expiration Date ____/____ CSV _____

Signature: _____

Mail or fax with payment to:

Ariel's Program
of Messianic Studies
 838 Trout Pond Road
 Keeseville, NY 12944
 (518) 834-6057 Fax (518) 834-7598