

## SUKKOT REGISTRATION FORM

October 12 — 21, 2019

**Deposit Fee of \$40 for a single adult or child ages 3-12. Children under 3 years of age are free.**

*Deposit DEADLINE is no later than March 15<sup>th</sup>  
Remaining Balance Due By no later than August 15<sup>th</sup>*

If you are not planning to attend for the entire time, the same amount, per person for the entire event, applies. Please let us know, as soon as possible, if you plan to stay for only part of the time.

If you are staying off campsite, \$165.00 is required to participate.

Simply mail this application form back to us along with your check or money order to: **Holy Impact Ministries P.O. BOX 233 Carrollton Ohio 44615**

All reservations must be made through “Holy Impact Ministries”

If you have no access to print the form, just let us know and we’ll send you a copy by mail.

Please visit the Sukkot website for more detailed information at:

[HolyImpactMinistries.com/2019sukkot](http://HolyImpactMinistries.com/2019sukkot)

For more information or questions you can email Sister Nicole at:

[nicole.holyimpactministries@yahoo.com](mailto:nicole.holyimpactministries@yahoo.com)

OR

Pastor Velain at: [pastorv@holyimpactministries.com](mailto:pastorv@holyimpactministries.com)

To visit the Camp Mohaven website visit: [www.mohaven.org](http://www.mohaven.org)

**Holy Impact Ministries Sukkot Registration Form  
October 12 – 21, 2019**

Address (City, State, Zip) \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Group Attendance**

Group Name \_\_\_\_\_

Number of Adults \_\_\_\_\_

Number of Children \_\_\_\_\_ Please include the age of each child.

Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_ Child 3 \_\_\_\_\_ Child 4 \_\_\_\_\_ Child 5 \_\_\_\_\_

Indoor Lodging: Yes \_\_\_\_\_ No \_\_\_\_\_

Outdoor Lodging: Yes \_\_\_\_\_ No \_\_\_\_\_

Camper or 5<sup>th</sup> wheel: Yes \_\_\_\_\_ No \_\_\_\_\_

**WORKSHEET** (all costs are in US Dollars):

Total Cost of Sukkot event per person: \$375.00 (*meals included*)

Deposit is: \$40.00 per person \$ \_\_\_\_\_  
*Deposit will be subtracted from total cost.*

**TOTAL AMOUNT DUE: \$375.00**  
DEPOSIT AMOUNT (Subtract): \$ \_\_\_\_\_  
BALANCE DUE: \$ \_\_\_\_\_

*Make checks or money orders payable to:*  
**HOLY IMPACT MINISTRIES**  
*P. O. Box 233*  
*Carrollton, Oh 44615*

List any known medical conditions or special needs that you would like us to be aware of below:

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