

Christadelphian Family Bible Study Weekend
At Camp Hashawha, 300 John Owings Rd, Westminster, MD 21158
November 20-22, 2015
Adult & Teen Topic: "Jeremiah & His Friends"
Speaker: Brother Ryan King, Richmond-Petersburgh, VA Ecclesia

The weekend consists of 3 meals Saturday and 2 Sunday. Accommodations are in dormitories each with two bunkrooms and modern shower/bathrooms. Bunkrooms consist of 9 upper and 9 lower bunks and are separated into male or female rooms.

Bring sheets, blankets or sleeping bags, pillows, towels and soap. Flashlights or lanterns are recommended. Remember your hymn books and Bibles.

Please let us know if bringing crib or playpen for your child.

If you play an instrument please bring it for the campfire sing. Note what you are bringing on the registration form.

Nursery is provided for children under 4. Parents, please plan to help out during one class or other activity.

Children's Classes - for ages 4 - 12 are provided. **Parents of young children are asked to help during one activity.** To volunteer to teach a children's class call **Bro. Andy Baxley at 410-428-8909**

Devotions/Classes begin Saturday and Sunday at 8:45AM. Sunday Memorials 10AM

For further information or additional forms: Ken Green 443-497-3497, e-mail to hashawha@gmail.com or Bob Kling 301-498-5245, e-mail: rkling@acm.org
Web: <http://hopeofthekingdom.com/>

CAMP CHECK-IN: Friday, November 20 5-8 PM. Readings & Camp Welcome at 8:30PM. Please let us know if you will be arriving after 11 PM on Friday.

COST: 4 YEARS & OLDER - \$65.00
UNDER 4 - no charge

MAIL REGISTRATIONS (with deposit checks) TO:
Ken Green
14006 Barkham Court
Laurel, MD 20707

\$30.00 deposit, per person, 4 years and older, must be included with registration. **Checks, on US Banks ONLY or Postal Money Orders payable in US funds, payable to Washington Christadelphian Ecclesia.**

REGISTRATION DEADLINE -- November 3, 2015
Please register early so we can make proper meal arrangements and so children's classes can be properly organized. **PHONE OR E-MAIL REGISTRATIONS WILL NOT BE ACCEPTED.**

Confirmations will be e-mailed or phoned to the information you provided on your registration form.

Commuters - \$40.00 fee. All commuters must pre-register by mail. Please complete information on **page 2** of this form & mail with your fee. Fee is necessary as we are charged for all beds in the reserved cabins whether filled or not. Commuters accepted only if full-time registrations have not exceeded classroom limitations by **November 3**. Seating is limited and priority will be given to those staying at the camp.

Deposits on cancellations received after **November 3** will be refunded after the camp if your space was filled by someone from our waiting list. Contact Bro. Green as soon as possible if you must cancel.

Camp Phone (Available after 5PM, **Friday, Nov. 20**)
410-386-3564 or Call 443-497-3497

PLEASE REGISTER EARLY

To Register Fill Out Form on Page 2 and Mail To Ken Green

PLEASE FILL OUT REGISTRATION FORM BELOW AND REGISTER EARLY

MAIL REGISTRATIONS (with deposit checks) TO:

**Ken Green
14006 Barkham Court
Laurel, MD 20707**

\$30.00 deposit, per person, 4 years and older, must be included with registration.

Commuters - \$40.00 fee, Meals are extra. All commuters must pre-register by mail

Checks, on US Banks ONLY or Postal Money Orders payable in US funds, payable to Washington Christadelphian Ecclesia.

REGISTRATION FORM - (PLEASE PRINT CLEARLY)

EVERYONE MUST CHECK A CATEGORY BELOW AND COMPLETE MEAL PORTION OF FORM

_____ STAYING AT CAMP _____ COMMUTING _____ SUNDAY ONLY
 _____ SPECIAL DIET (Describe in meal portion of form. **We need this information by October 20**)

NAMES:	Age	Baptized	Sex	Lower Bunk	ECCLESIA NAME
		Y/N	F/M	Y/N	

ADDRESS:

Phone: (Required): _____
 Include Area Code

E-Mail address: _____

Total Attending: _____ X \$30.00 deposit = _____
 (4yrs & over) Total Deposit

Commuters: #Attending _____ X \$40.00 Fee = _____
 (U.S. FUNDS ONLY, Checks payable to:
 Washington Christadelphian Ecclesia)

**Note: Those under 18 must have an onsite parent or
 Camp guardian over 25 to stay overnight at the camp.
 Guardian will be** _____

To help us with providing an accurate count for each meal, please indicate the total number for each meal that you intend to eat at the Camp. Everyone must fill out this portion of the form.

Will NOT be eating any meals at the Camp _____

Meal	Saturday	Sunday	Meal Fees for Commuters
Breakfast			\$4.50/Meal
Lunch			\$6.00/Meal
Dinner		XXXXXXXXXXXXXXXXXX	\$6.00/Meals

Please note any food allergies or dietary restrictions: _____

For Commuters Only:-Please complete the following information:

Attending: Saturday Classes _____ Sunday School _____ Memorial Service _____