

2026 Family Camp ~ July 27-30

Registration Form

PLEASE PRINT CLEARLY AND FILL IN ALL AREAS THAT APPLY

Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Phone: _____ Home Congregation: _____

I am a new camper and would like to be close to the following family or church group _____

Names of Adults who will be camping:

1. _____ 3. _____

2. _____ 4. _____

Name and age/grade of children under 2 yrs. and in 7th-12th grades who are camping. ***Pre-register 2 yr. olds - 6th grade on back of this form.**

1. _____ Age(Grade): ____ (____) 4. _____ Age(Grade): ____ (____)

2. _____ Age(Grade): ____ (____) 5. _____ Age(Grade): ____ (____)

3. _____ Age(Grade): ____ (____) 6. _____ Age(Grade): ____ (____)

We would be willing to help in one or more of the following area(s) during Family Camp: (Please check) ☐ Recreation ☐ Security

☐ Restroom Cleaning ☐ Trash Pick-up ☐ Offering ☐ First Aid ☐ Grey Water Pick-up ☐ Youth Program Helper

Did you register for a campsite in 2025? ☐ Yes ☐ No

Type of Camper: (not brand) _____ Length of Camper: _____

Pricing:

1. Tents, Pop-ups and Camper Vans: \$65.00 per lot for the week

2. Campers/RVs up to 30 feet: \$70.00 per lot for the week

3. Campers/RVs 31 ft. and up: \$80.00 per lot for the week

I have enclosed \$ _____ (# of lots _____ x \$ _____ = \$ _____)

* No more than 2 lots may be reserved per registration.

Please log on to our website at www.p2pm.org and read our Family Camp policies and guidelines before signing. If you do not have access to the internet, please call us and we will send a packet to you.

***A Minor Medical Consent Form
MUST BE completed for
every child age 0-18 years.
Forms are available at p2pm.org
or a form may be sent to you.
Call 937-840-9072
for more information.***

***If you do not want to stand in line
at Family Camp, please send us
all the forms we need!***

I (print name) _____ and my family have read and understand what is expected of us concerning the policies and guidelines implemented by the Trustees of Person to Person Ministries and will adhere to them during our stay at Restoration Acres. We understand that failure to abide by these rules and others implemented hereafter can result in us having to leave. The undersigned shall be solely responsible for and agrees to indemnify, defend and hold harmless P2P, its Trustees, consultants, agents, partners, employees, successors, volunteers, other representatives, and/or any other person acting on its behalf (the "Indemnitees") from and against all claims, suits, actions, judgments, warranties, injuries, damages, losses, costs, expenses, demands, obligations and liability of any kind whatsoever, including but not limited to attorney's fees and costs of defense caused by, arising out of, in connection with, or resulting from any alleged act or omission of P2P or the Indemnitees.

(signature of registrant/parent/guardian)

Restoration Acres is located at 5845 St. Rt. 124
Hillsboro, OH 45133

**Make checks payable to Person to Person. Send registration and payment to:
Person to Person Ministries, P.O. Box 39, Hillsboro, OH 45133**

All registrations must be **signed** and included **with payment** before they will be processed.

We will not process registration forms through email until we receive registration payment. Your bank record is proof of your Registration.

**** Pre-registration deadline to guarantee your lot from 2025 needs to be postmarked by June 1, 2026**

PLEASE NOTE: PETS AND THERAPY ANIMALS NOT ALLOWED

OFFICE USE ONLY

Date Received _____ Payment _____ Order Number _____ Lot Number _____

Office Personnel _____

Hillsboro Family Camp Child Registration - Ages 2 through Grade 6
(THIS IS NOT THE MINOR MEDICAL CONSENT FORM)

1. _____
DOB AGE GRADE M/F NAME (first and last)

Allergies:

2. _____
DOB AGE GRADE M/F NAME (first and last)

Allergies:

3. _____
DOB AGE GRADE M/F NAME (first and last)

Allergies:

4. _____
DOB AGE GRADE M/F NAME (first and last)

In addition to this form, a Minor Medical Consent Form MUST BE completed for every child age 0-18 years. Forms are available at p2pm.org or a form may be sent to you.

Call 937-840-9072 for more information.

Adult(s) who may pick up the children listed above:

Adult Name 1 *(please print)* _____ Relationship _____

Mobile Phone Number _____ OK to text? **Y** **N** *(circle one)*

Adult Name 2 *(please print)* _____ Relationship _____

_____ OK to text? **Y** **N** *(circle one)*

ID bracelets for pre-registered children are included in the information packet that you receive at the front gate as you arrive for Family Camp.