

# 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 7<sup>th</sup>-12<sup>th</sup> grades who are camping. \*Pre-register 2 yr. olds - 6<sup>th</sup> 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](http://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.

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.

***A Minor Medical Consent Form  
MUST BE completed for  
every child age 0-18 years.  
Forms are available at [p2pm.org](http://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!***

(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](http://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

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

Mobile Phone Number

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.*