

Diocese of Worcester & New England

# Family Camp

October 13-15, 2017

## Registration Details

**Family Camp Activities** Our Family Camp weekend is modeled after the Family Camp program from the Antiochian Village. We will have daily services, Christian Education for children, a Keynote Speaker for the parents, sports and games for the whole family to participate. Some activities will be weather permitting. Please see the tentative schedule online at <http://www.antiochian.org/FamilyCampNE>

**Camp Facility** The St. Methodios Faith & Heritage Center is owned and operated by the Greek Orthodox Metropolis of Boston, and is the home to the Metropolis of Boston Summer Camp. More information about the camp facility can be found online at [http://www.boston.goarch.org/faith\\_heritage\\_center/](http://www.boston.goarch.org/faith_heritage_center/)

**Registration** Families should complete the registration form on the following page, and return it to the address listed with a \$100 non-refundable deposit for each family. Checks should be made payable to "Diocese Missions Council". Registrations form must be sent in by October 1, 2017. Balance of payment is due by October 1. Registration Fees begin at \$300 for the first two family members (age 5 and older), and \$50 for each additional family member (age 5 and older), up to a maximum of \$450 for the entire family. Children age 4 or younger attend for free. Registration fee includes all expenses for the weekend including all activities, 2 nights lodging in the Retreat House, 3 meals on Saturday, and brunch on Sunday. Larger families can request a second room for an additional fee or choose to stay in one of the cabins.

**Cancellation** We appreciate prompt notification if your family must cancel. Cancellations prior to October 1 will receive a refund less the deposit. After October 1, refunds of registration fee may be requested in writing and will only be granted if a replacement family for the open spot is found.

**Scholarships** If a family is unable to attend due to financial hardships, additional scholarships may be available. Please contact us at [FamilyCampNE@gmail.com](mailto:FamilyCampNE@gmail.com) to request a scholarship.

**Lodging** Each room in the Retreat House has 2 double beds, private bath, and linens are provided. Each family will have their own room in the Retreat House. Families are welcome to bring sleeping bags for kids to sleep on the floor. A limited number of cabins are also available for larger families. Each cabin has bunk beds, and families must provide their own linens.

**Driving Directions** The St. Methodios Faith & Heritage Center is located at 329 Camp Merrimac Road Contoocook, NH 03229. The facility phone is 603.746.4400. Directions can be found online at [http://www.boston.goarch.org/faith\\_heritage\\_center/contact\\_us.html](http://www.boston.goarch.org/faith_heritage_center/contact_us.html)

**Camp Staff** The Diocese Family Camp is sponsored by the Diocese Missions Council with the blessing of His Grace Bishop JOHN. Our Diocese Family Camp will be coordinated by Khalil Samara (former Assistant Camp Director at Antiochian Village). We will have counselors at Family Camp who will be leading the activities throughout the weekend. All of the counselors are experienced staff members from Antiochian Village.

**More Information** If you have any questions, please do not hesitate Khalil Samara at [FamilyCampNE@gmail.com](mailto:FamilyCampNE@gmail.com) or visit our website at <http://www.antiochian.org/FamilyCampNE>

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## Registration Form

Father's Name \_\_\_\_\_ Email \_\_\_\_\_ Birth date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Email \_\_\_\_\_ Birth date \_\_\_\_\_

Child #1's Name \_\_\_\_\_ Email \_\_\_\_\_ Birth date \_\_\_\_\_

Child #2's Name \_\_\_\_\_ Email \_\_\_\_\_ Birth date \_\_\_\_\_

Child #3's Name \_\_\_\_\_ Email \_\_\_\_\_ Birth date \_\_\_\_\_

Child #4's Name \_\_\_\_\_ Email \_\_\_\_\_ Birth date \_\_\_\_\_

Child #5's Name \_\_\_\_\_ Email \_\_\_\_\_ Birth date \_\_\_\_\_

(Please list additional children on reverse side)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parish (Name & City) \_\_\_\_\_

Allergies, Dietary Restrictions, etc. (list person's name and allergy) \_\_\_\_\_

Are there any serious medical conditions that might prohibit any member of your family from fully participating in Family Camp or any other circumstances or issues that we should know about in order to make your time here as beneficial as possible?

Registration Fees begin at \$300 for the first two family members (age 5 and older), and \$50 for each additional family member (age 5 and older), up to a maximum of \$450 for the entire family. Children age 4 or younger attend for free but must be listed on the form above. *Each family will have a private room in the Retreat House.* Larger families can request a second room for an additional fee or choose to stay in one of the cabins by circling your choice here:

**Additional Retreat House Room**

**Cabin**

*I/We understand that my/our insurance coverage for my/our family will be used as primary coverage in the event medical intervention is needed. I/we further understand that I/we will be responsible for any expenses not covered by my insurance.*

*I/We understand all reasonable safety precautions will be taken at all times by the Staff and Volunteers during Family Camp. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold the Antiochian Orthodox Christian Archdiocese, the St. Methodios Faith & Heritage Center, their leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subjects of this form.*

*I/We agree to indemnify and hold harmless, the Antiochian Orthodox Christian Archdiocese, the St. Methodios Faith & Heritage Center, their leaders, employees, and/or volunteers from any expenses, losses, claims, or damages incurred as a result of the acts or omissions of the subjects of this form.*

Parent(s) Signatures \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return this form along with a \$100 non-refundable deposit payable to "Diocese Mission Council"**  
**And send to: Diocese Family Camp, c/o Khalil Samara, 5 Delaney Dr, Walpole, MA 02081**

<http://www.antiochian.org/FamilyCampNE> --- [FamilyCampNE@gmail.com](mailto:FamilyCampNE@gmail.com)