

FALL CAMP AT SHRINE MONT 2025

October 20 – 23

How To Register

To attend Fall Camp 2025 you must register in advance and pay a non-refundable \$25.00 per person registration fee. **Attendance at Fall Camp 2025 will be limited to 200 campers plus presenters and staff. You will be counted as registered when we have received both your completed registration form and your registration deposit payment.** If either your registration form or your registration fee payment is received after the 200-person limit is reached, you will be notified by phone and/or email. You will then have the option to be placed on a waiting list pending a possible cancellation. Your payment will be refunded if you decline the waiting list or you accept but we are unable to accommodate you at Fall Camp.

Registration for returning campers will begin August 1. **Registration for persons who have never attended a previous Fall Camp will begin September 1.** Registration will end either when 200 registration forms with their registration deposit payments have been received or on October 13 if that occurs first.

Please register using a computer, smartphone or tablet at <https://fallcampatshrinemont.org/register/>. This will reduce our workload significantly and save time for you. However, if you are uncomfortable with technology you can fill in the form on the other side of this sheet by hand and mail it according to the directions on the form.

Outreach Project for 2025

Each year Fall Campers have an opportunity to support an outreach ministry. This year's outreach project is the Capital Area Food Bank, which leads the Capital region's efforts to provide equitable access to food and opportunity to people struggling with hunger and food insecurity. You can contribute by bringing non-perishable food donations to Fall Camp. Alternatively, you can make a cash donation either during Fall Camp or by indicating an amount during registration and including it with your registration payment.

What to Bring

Shrine Mont will provide bed and bath linens as usual, so you will not need to bring anything except personal items and perhaps your favorite pillow.

Protecting Your Health

Although COVID-19 infections are usually less serious today than in years past, the folks who attend Fall Camp each year are among the most vulnerable. We recommend that everyone attending Fall Camp should consider their medical risks carefully and consult their medical service provider about immunization for COVID-19, flu, and/or other communicable diseases. Feel free to wear a face mask while at Fall Camp.

If you have questions

Please contact Susan Summerlin at susan.summerlin@gmail.com or by phone at (757) 831-9969.

Please join us in making Fall Camp 2025 a safe and joyous experience for all.

The Tri-Diocesan Council on Aging

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Registration Form

Please read the instructions on the other side of this sheet before proceeding. Be sure to mail your registration so it will be received no later than Monday, October 13, 2025. Print, fill in, and return this form with a check for your **non-refundable deposit of \$25.00 per person** to:

Fall Camp 2025
Susan Summerlin
513 Bunker Dr.
Virginia Beach, VA 23462

Make checks payable to: Tri-Diocesan Council on Aging. **DO NOT PAY SHRINE MONT DIRECTLY.** If you have questions, please contact Susan at susan.summerlin@gmail.com or at (757) 831-9969.

TOTAL COST: \$300 per person for a double room
\$390 per person for a single room

You must pay any balance due by check or cash when you arrive at Fall Camp. We cannot accept credit card payments either online, by mail, or at Shrine Mont. Express Check-in is available if your total payment is received in full by Monday, October 13, 2025.

FIRST NAME: _____ LAST NAME: _____

NAME YOU ARE CALLED: _____

MAILING ADDRESS: _____

CITY, STATE: _____ ZIP: _____

MOBILE PHONE: _____

E-MAIL: _____

DIOCESE: _____ CHURCH: _____

SINGLE ROOM DOUBLE ROOM SPECIFIC ROOM REQUEST: _____

Double room occupants must both submit a registration form. Each must name the other here.

SHARING A ROOM WITH: _____

I wish to be housed together with a group. GROUP NAME: _____

(NOT guaranteed. Everyone in the group must provide the exact same group name. "Lunch Group" and "The Lunch Group" are different groups.)

SPECIAL HOUSING NEEDS: Shrine Mont has a limited number of first floor rooms accessible without steps. **Special housing requests will be honored in the order that registration and deposit payments are received.** If you request a first floor room, please describe your limitations below to help us assign you appropriately.

Is your request for a first floor room one of PREFERENCE, or NECESSITY?

PLEASE DESCRIBE YOUR SPECIAL HOUSING NEEDS. We may contact you for more information.

SPECIAL DIETARY NEEDS: Please call Shrine Mont at (540) 856-2141 and ask to speak to the kitchen staff.

I wish to contribute \$ _____ to the 2025 outreach project, the Capital Area Food Bank

I wish to contribute \$ _____ to the Fall Camp Scholarship Fund.