



ADIRONDACK WOODCRAFT CAMPS

2017 Enrollment Application

Registration Fee:

A registration fee/deposit of \$750.00 must accompany the application form. A check may be mailed with this form or you may use the credit card section on back.

2017 Enrollment Dates/Rates

3 week – July 23, 2017 – August 12, 2017	\$4947.00
4 week – June 25, 2017 – July 22, 2017	\$5795.00
7 week – June 25, 2017 – August 12, 2017	\$7550.00

Sibling Discount

A 10% discount for each camper of 2 or more campers enrolled for 7 weeks. A 5% discount for each camper of 2 or more campers enrolled for 3 or 4 weeks.

Camper Name _____	DOB: <u> </u> - <u> </u> - <u> </u>	Gender (circle) Male - Female
Camper Name _____	DOB: <u> </u> - <u> </u> - <u> </u>	Male - Female
Camper Name _____	DOB: <u> </u> - <u> </u> - <u> </u>	Male - Female

Is the child living with both parents? (circle) Yes – No If applicable, please explain:

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Home Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Session child will attend:(check) T-shirt size (circle) : YS – YM – YL – AS – AM- AL - AXL

7 Week

4 Week

3 Week



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Disclaimer

I hereby give Adirondack Woodcraft Camps permission to use, in brochures, on the camp website or camp advertising, any photograph in which the likeness of my child (ward) appears. The management of Adirondack Woodcraft Camps reserves the right to reject any application. It is essential to impress upon the parent or guardian signing this application that it is understood that the child for whom this application is made has no characteristics which will make him or her an undesirable companion for other children. If a camper is expelled from camp for this reason, tuition will not be refunded. Registration fees will not be refunded to children who fail to attend camp after being accepted. Because the capacity of the camp is limited, those who apply earliest will be given preference. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

Signature _____ Date: _____

At your convenience, you may pay the \$750.00 deposit with your Visa, MasterCard or American Express.

Card Number: _____

Expiration Date: _____

Name as it appears on card: _____

Signature: _____