

2019 Early Bird Enrollment Application

Early Bird Rates Good Until November 1st, 2018

A registration fee/deposit of \$700.00 must accompany the enrollment application.

2019 Enrollment Dates campers ages 6-15 / Early Bird Rates

4 weeks: 3 weeks: 2 weeks:	June 30 – August June 30 – July 27 July 28 - August June 30 – July 14 ions are for first time	7 17 For July 2	_	-	1	\$7550 \$5850 \$4950 \$3550	
combinatio 7 weeks: 4 weeks:	eadership Traini n of in-camp & wil June 30 – August June 30 – July 27 July 28 - August	derness le : 17	-	-		year olds m \$6040 \$4680 \$3960	nay apply for a
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.							
DOB: Session: 7	er Name week 4 week e: YSYM YL	Male 3 we	Female ek	e 1st 2	week _	New R 2nd 2 w	Returning
Session: 7	er Name week 4 week e: YSYM YL	3 we	ek	1st 2	week _	2nd 2 w	2019: Returning reek
3rd Campo DOB: Session: 7	er Name week 4 week	Male 3 we	Female ek	e 1st 2	Gr	rade in Fall 2 New R 2nd 2 w	2019: Returning veek

Please Complete and Sign the back of the Enrollment Application

T-Shirt Size: YS __YM __ YL __ AS __ AM __AL __ AXL __

Parent/Guardian Nan	ne:			
Parent/Guardian Nan	ne:			
Home Address:				
City:	State/Province:		Postal Code:	
Country:				
Home Phone:		_ Cell Phone: _		
Work Phone:		E-mail:		
Permission to share of	our mailing information	for a Woodcra	ft address book	
Optional camper ema	ail	can	per phone #	
Adirondack Woodcraft Ca the parent or guardian si- is made has no character a camper is expelled fron camp is limited, those wh EMERGENCY, I hereby giv secure proper treatment understand the information has permission to obtain	gning this application that it istics which will make him on camp for this reason, tuiting apply earliest will be give permission to the physicitor, and to order injection, as on on this form will be share	eject any application is understood the reference. In the selected by the selected by the record from proving proving the record from proving approving the selected by the record from proving the selected proving the selected proving the selected from	pears. The management of on. It is essential to impress upon the child for whom this applicable companion for other children unded. Because the capacity of the event I cannot be reached in a Camp Director to hospitalize, therefor my child as named. I now basis with camp staff. The other who treat my child and the	atior n. If the an
Parent Full Name	Parent S	ignature	 Date	
accompany the signer All deposits and tuiting Tuition Balance is during the Payment by check is Adirondack Woodcra When necessary AWC documents and the signer and the sign	ed enrollment form. fon are 100% refundable le by April 15th. appreciated and prefe	ole until June 1 rred made pay and American Ex	rable to: press:	
Security Code: Nar	me as it appears on card:			
Signature:				

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