



ADIRONDACK WOODCRAFT CAMPS

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

7 weeks:	June 30 – August 17	\$7550
4 weeks:	June 30 – July 27	\$5850
3 weeks:	July 28 - August 17	\$4950
2 weeks:	June 30 – July 14 or July 28 - August 11	\$3550

(2 week sessions are for first time campers, ages 6-12, only)

Outdoor Leadership Training Division (OLTD): 16 & 17 year olds may apply for a combination of in-camp & wilderness leadership training.

7 weeks:	June 30 – August 17	\$6040
4 weeks:	June 30 – July 27	\$4680
3 weeks:	July 28 - August 17	\$3960

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.

1st Camper Name _____ Grade in Fall 2019: _____

DOB: ____ - ____ - ____ Male ___ Female ___ New ___ Returning ___

Session: 7 week ___ 4 week ___ 3 week ___ 1st 2 week ___ 2nd 2 week ___

T-Shirt Size: YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___

2nd Camper Name _____ Grade in Fall 2019: _____

DOB: ____ - ____ - ____ Male ___ Female ___ New ___ Returning ___

Session: 7 week ___ 4 week ___ 3 week ___ 1st 2 week ___ 2nd 2 week ___

T-Shirt Size: YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___

3rd Camper Name _____ Grade in Fall 2019: _____

DOB: ____ - ____ - ____ Male ___ Female ___ New ___ Returning ___

Session: 7 week ___ 4 week ___ 3 week ___ 1st 2 week ___ 2nd 2 week ___

T-Shirt Size: YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___

Please Complete and Sign the back of the Enrollment Application

Is the camper(s) 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: _____

Work Phone: _____ E-mail: _____

Permission to share our mailing information for a Woodcraft address book ____ .

Optional camper email _____ camper phone # _____

Permissions

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(ren) 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. Because the capacity of the camp is limited, those who apply earliest will be given preference. In the event 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. I understand the information on this form will be shared on a need to know basis with camp staff. The camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the staff about my child's health status.

Parent Full Name

Parent Signature

Date

In order to complete any camper enrollment a deposit of \$700 for each child must accompany the signed enrollment form.

All deposits and tuition are 100% refundable until June 1st.

Tuition Balance is due by April 15th.

***Payment by check is appreciated and preferred made payable to:
Adirondack Woodcraft Camps***

When necessary AWC does accept Visa, Master Card and American Express:

Credit Card #: _____ Expiration Date: _____/_____/_____

Security Code: _____ Name as it appears on card: _____

Signature: _____