

CAMP WATANOPA – ENROLLMENT FORM 2010

APPLICANT'S NAME (PREFERRED FIRST) _____ (LAST) _____

MALE FEMALE BIRTH DATE ____/____/____ AGE BY JULY 2010 _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

APPLICANT'S HOME PHONE (____) _____ *ADULT T-SHIRT SIZE** _____

PARENT/GUARDIAN: _____ **EMPLOYER:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

HOME#: _____ **WORK#:** _____ **CELL #:** _____

E-MAIL: _____

PARENT/GUARDIAN: _____ **EMPLOYER:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

HOME#: _____ **WORK#:** _____ **CELL #:** _____

E-MAIL: _____

Child Lives With: MOTHER FATHER BOTH OTHER _____

2010 PROGRAM – DEPOSIT AND RESERVATION

Camper: I wish to enroll _____ in:

Summer Session 2010

Sunday, July 18th thru Saturday, July 24th at a tuition of \$400 (\$450 if paid after 6/1/10)

Beginning Training Counselor Program: I wish to enroll _____ in:

Age 14 at a tuition of \$250 (\$275 if paid after 6/1/10)

Advanced Training Counselor Program: I wish to enroll _____ in:

Age 15 at a tuition of \$250 (\$275 if paid after 6/1/10)

Camp W T-shirt *

~ T-shirt cost are included in the tuition fee.

Enclosed in this application and agreement is a deposit of \$50.00, which reserves a position for the applicant for the summer of 2010. If the spots are full, you will be refunded your deposit and/or tuition.

Scholarships are available. Contact our office for an application.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____