

2009 summer camp registration form

office use

(ONE REGISTRATION FORM PER CHILD PLEASE)

DATE

CAMPER NAME

M / F AGE

ADDRESS

CITY

STATE

ZIP

PARENTS/LEGAL GUARDIAN NAME

TEL (home)

(work)

(cell)

EMAIL

EMERGENCY CONTACT & TEL



RESIDENT CAMP DATE	GRADE *	COST	SUBTOTAL
JUNE 21-26	9 THRU 12	\$300	
JULY 5-10	6 THRU 8 (1)	\$300	
JULY 12-17	2 THRU 5	\$300	
JULY 19-24	6 THRU 8 (2)	\$300	
JULY 26-31	7 THRU 9	\$300	
DAY CAMP DATE	DESCRIPTION	COST	SUBTOTAL
JUNE 22-26	OLYMPICS	\$165	
JUNE 29-JULY 3	HEROES	\$165	
JULY 6-10	SAFARI	\$165	
JULY 13-17	K'NEX	\$210	
JULY 20-24	WET & WILD (1)	\$165	
JULY 27-31	LOVIN' NATURE	\$165	
AUG 3-7	MOVIE MAKING	\$165	
AUG 10-14	ART & MUSIC	\$165	
AUG 17-21	DISCOVERY	\$165	
AUG 24-28	INTERNATIONAL	\$165	
AUG 31-SEPT 4	WET & WILD (2)	\$165	
MISCELLANEOUS		COST	SUBTOTAL
EARLY CARE DAY CAMP ONLY	() wks x	\$40 per week	
AFTER CARE DAY CAMP ONLY	() wks x	\$25 per week	
CAMP T-SHIRT FREE IF REGISTERED BY MAY 1		\$15	
SNACK SHOP DEPOSIT RESIDENT CAMP ONLY		SELECT AMOUNT	
DVD RESIDENT CAMP ONLY		\$15	
SIBLING DISCOUNT		-\$10	

TOTAL AMOUNT DUE	\$	
'BRIDGE THE GAP' DONATION**	\$	
NON-REFUNDABLE DEPOSIT*	\$	50.00
TOTAL AMOUNT ENCLOSED	\$	

CABIN PARTNER REQUEST **LIMIT TWO. MUST BE MUTUALLY REQUESTED, SAME GENDER & APPROX. AGE**
1. _____ 2. _____

IF YOU ARE A MEMBER OF A CHURCH, PLEASE LIST THE CHURCH'S NAME & ADDRESS BELOW.
CHURCH NAME _____ CITY _____ STATE _____

1ST TIME AT MEN-O-LAN **Y/N** _____ HOW DID YOU HEAR ABOUT US? _____

IMPORTANT INFORMATION PLEASE READ CAREFULLY

YOUR NON-REFUNDABLE DEPOSIT MUST BE ENCLOSED IN ORDER TO PROCESS YOUR REGISTRATION. ALL DEPOSITS ARE NON-REFUNDABLE & NON-TRANSFERABLE. **THE BALANCE OF YOUR CAMPER FEE IS DUE ONE MONTH PRIOR TO THE START OF YOUR REGISTERED WEEK(S)**, AND CAN BE PAYABLE VIA CHECK, MONEY ORDER, MAJOR CREDIT CARD, OR VIA PAYPAL ONLINE. MAKE ALL CHECKS PAYABLE TO **MEN-O-LAN**. **ALL RETURNED CHECKS WILL BE CHARGED A \$25 PROCESSING FEE.**

OUR CANCELLATION POLICY IS AS FOLLOWS: PRIOR TO MAY 1 (ALL MINUS \$50 DEPOSIT IS REFUNDABLE) **MAY 1 - JUNE 1** (1/2 OF CAMP FEE REFUNDABLE MINUS \$50 DEPOSIT) **AFTER JUNE 1** (NO REFUNDS). **NO SHOWS OR CHILDREN SENT HOME FOR BEHAVIOR ISSUES OR HOMESICKNESS IS A FORFEITURE OF THEIR ENTIRE CAMP FEE.** MEDICAL EMERGENCIES ARE UNFORESEEN AND ARE REFUNDABLE MINUS YOUR DEPOSIT, SO LONG AS YOU HAVE A WRITTEN NOTICE FROM A PHYSICIAN VERIFYING ILLNESS OR INJURY FOR THE WEEK YOU WERE REGISTERED. MEN-O-LAN RESERVES THE RIGHT TO MAKE ALL FINAL DECISIONS AND CHANGES TO THIS POLICY.

FULL PAYMENT MUST BE RECEIVED ONE MONTH PRIOR TO ARRIVAL DATE. IF YOUR CHILD/CHILDREN ARE ATTENDING MORE THAN ONE WEEK OF CAMP, SEPARATE PAYMENTS MAY BE MADE. **HOWEVER, DEPOSITS ARE REQUIRED FOR EACH WEEK AND MUST BE ENCLOSED WITH THIS REGISTRATION FORM** IN ORDER TO PROCESS YOUR REGISTRATION. MEN-O-LAN PRICING MAY BE SUBJECT TO CHANGE WITHOUT NOTICE.

A \$20 LATE FEE WILL BE CHARGED FOR REGISTRATIONS RECEIVED WITHIN ONE WEEK OF CAMP.

SCHOLARSHIPS ARE AVAILABLE, ONE PER CAMPER PER YEAR, AND ARE LIMITED TO A FIRST-COME, FIRST-SERVE BASIS. CALL OR VISIT ONLINE FOR SCHOLARSHIP APPLICATIONS. **DETERMINATION OF SCHOLARSHIPS AND AMOUNT ARE BASED ON SUBMISSION OF APPLICATION, PROOF OF INCOME AND A LETTER OF AUTHORIZATION FROM A SUPPORTING CHURCH/ORGANIZATION/INDIVIDUAL (IF APPLICABLE).** **ONCE APPROVED BY THE EXECUTIVE DIRECTOR, ANY REMAINING BALANCE IS THE SOLE RESPONSIBILITY OF THE CAMPER'S PARENT/LEGAL GUARDIAN.**

SIBLING DISCOUNT IS PER CHILD PER WEEK AFTER 1ST CHILD IS REGISTERED.

I agree that I understand the risks of outdoor activities and camping, my financial responsibilities listed above, and consent to the following: I shall not hold the camp responsible or legally liable for losses of personal property or bodily injury; my child may participate in all camp activities unless otherwise stated; camp photos/videos in which my child appears may be used for camp marketing & promotion. My signature below verifies that I am the parent or legal guardian of the above child.

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

PRINT FULL NAME _____

* **GRADE** your child will be entering Fall of 2009

** **'BRIDGE THE GAP'** generously and directly provides financial assistance to a child who would otherwise be unable to attend our summer camp program. Thank you in advance!

