



2010 Camper In Leadership Training (CILT) APPLICATION FOR ENROLLMENT

Parent or legal guardian (PLEASE! NOT children!) to complete and sign this form. PLEASE type or print carefully in black ink; important info for our files.

933 Friendly Pines Rd. • Prescott, AZ 86303
(928) 445-2128 • 1-888-281-CAMP (2267)

OFFICE USE ONLY
Date Rec'd: _____ Ck. Reg.: _____
Roster: (1) _____

To be eligible, a candidate must be amenable to the requirements of group living, in general good health, and free of communicable disease.

Name of Camper _____ Prefers to be called _____
Last First MI

Residence: _____ Home Phone () _____
No. Street Apt./Suite/Unit #

City _____ State _____ Country _____ Zip/Postal Code _____ Religious Pref _____

Mailing Address _____ E-mail address _____

Parents must keep camp informed if above addresses will not reach them during camp season. Use following line and give dates, please.

Date of Birth ____/____/____ Age on '09 Birthday _____ T-Shirt Size: (circle one) AS AM AL AXL
Month Day Year

Boy Girl For dining comfort, if child eats with left hand check here:

Height _____ Weight _____ Grade NEXT FALL _____ School _____ City _____

Brothers (& Ages) _____ Sisters (& Ages) _____

Special Interests and Hobbies _____

Any Problems or Special Needs _____

Father's Name _____ Bus. Ph () _____ Pager () _____
Mr. Dr. Last First MI Cell Ph () _____ Hrs & Days _____

Occupation, Business, Profession or Position _____ Name of Firm _____

Work Address: Street _____ City _____ State _____ Zip _____

Mother's Name _____ Bus. Ph () _____ Pager () _____
Mrs. Ms. Dr. Last First MI Cell Ph () _____ Hrs & Days _____

Occupation, Business, Profession or Position _____ Name of Firm _____

Work Address: Street _____ City _____ State _____ Zip _____

If child does not live with both natural parents at the address shown above as "home", please check here , and give information regarding where child resides, when, and with whom. If necessary, use reverse side to provide relevant information concerning family/marital/legal custody/visitation rights, etc., which will be held in confidence.

Billing sent to _____ Relationship to camper _____ Phone () _____

Billing Address _____ City _____ State _____ Zip _____

Deposit for the session for CILTs must accompany this form, completely filled out and signed below. All fees must be fully paid by May 1. \$25.00 charge for any returned check.

Session 1 only June 13 - June 26

◆ Before November 30, 2009: A \$500.00 deposit is required to secure a CILT spot.

Two options to pay the remaining balance:

◆ Before December 15, 2009: (If paid in full) \$1795.00 less \$500.00 deposit paid = \$1295.00 balance (due by Dec. 15, 2009)

◆ After December 15, 2009: \$1895.00 tuition less \$500.00 deposit, plus \$50 credit on deposit = \$1345.00 balance (due by April 10, 2010)

•Deposit for any session, less \$50.00 non-refundable clerical fee, will be refunded if Camp receives written cancellation by April 10th. Our commitments concerning food, staff, and supplies are made early in the Spring, and therefore, if enrollment is cancelled after April 10, any refund (less \$50.00) will be made only if opening is filled. You may wish to consult your insurance agent re: cancellation refund coverage. If, due to illness or accident, a child returns home for more than one week on advice of the camp doctor, the camp will offer equivalent future time. Should a child be removed by parent or sponsor; dismissed from camp for disciplinary reasons, or for actions/behaviors incompatible with group living, no refund is made nor equivalent time given. I have read and agree to the above.

Signed (Parent or legal guardian only): X _____

Relationship to camper: _____ Date: _____

Please read and sign reverse side