

WINTER:
6202 N. Camino Almonte
Tucson, AZ. 85718
(520) 615-7770
FAX: (520) 615-7771



SUMMER:
P.O. Box 1188
Woodruff, WI. 54568
(715) 356-6022
FAX: (715) 356-7599

Camper Application - 2017 Season

BEFORE YOU START: Please review this application form carefully. If this camper does not live continuously with both parents, please use the space below for the parent(s) living with the camper, and then complete the reverse side of this form for the parent(s) not living with the camper. The reverse side of this form must be signed by all parents or legal guardians. Please use a separate application form for each applying camper. Thank you.

Camper's Full Name _____ Nickname? _____
(Last Name First)

Home Address _____ City _____ State _____ Zip _____

School _____ Current Grade _____ Age _____ Birthdate _____ This will be my _____ summer.
Dr. Dr.

Mom's Name Mrs. Ms. _____ Dad's Name Mr. _____

Home Phone _____ Home Fax _____ Camper's E-Mail _____

TO CONTACT MOM:

Work Phone _____

Work Fax _____

Cell Phone _____

E-Mail _____

TO CONTACT DAD:

Work Phone _____

Work Fax _____

Cell Phone _____

E-Mail _____

Non-Parent Emergency Contact _____ Phone _____

Email Address: This is **required** for important communication throughout the year. This should be **parents'** email address.

THIS CAMPER'S APPLICATION IS FOR:

- Full Season (Eight Weeks) – June 19th – August 11th
- First Four Week Session – June 19th – July 15th
- Second Four Week Session – July 16th – August 11th

All applications must be accompanied by an \$1250 deposit.
Payment may be made by check or credit card.

PAYMENT SCHEDULE:

- 1st Deposit - \$1250 - Accompanying Application
- 2nd Deposit - \$1250 - Due on or before January 15th
- 3rd Deposit - \$1250 - Due on or before March 15th
- Balance Payment - Per Invoice - Due on or before May 15th

- PLEASE COMPLETE INFORMATION ON REVERSE SIDE -

If this camper is not living with both parents, please complete the following:

Father deceased Mother deceased Parents separated Parents divorced

Address Information for Parent(s) NOT Living with the Camper:

This Parent is Mother Father

Parent's Name _____ Spouse's Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Email _____

Camp Letters and Reports are to be sent to:

Billing Statements should be sent to:

Mother Father Both Mother Father Other _____

Cabin Placement:

Remember, camp is a place for friends, NEW and old! Please make note of the following, and use the spaces below to make any requests for cabin mates your son may have for us to consider. Thanks.

1. Although we will gladly consider requests made for cabin mates, ***WE MAKE NO GUARANTEES!*** Careful consideration is given to group and individual personalities, geographical diversity, length of stay, and prior experience at camp as well as cabin requests. Individualized weekly schedules and daily free periods afford constant opportunities for campers to spend time with new friends or old who are living in different cabin groups.
2. There are two opportunities to make cabin requests; on this form below and on the Camper Biography Form you will receive in the Spring. Requests made in the Spring will be regarded as addendums to those made on this form.
3. Campers who make more than one request are more likely to have a request honored than campers who make only one cabin request.
4. Please do not assume that requests from prior summers will be carried forward. Renew requests each summer.
5. Requests NOT to be with other campers are strongly discouraged since kids' behavior at camp is often very different from their behavior at home, and because kids can change & mature so dramatically from one summer to the next. We ask our parents to "take a deep breath," and trust us and your kids to create a fun, safe, and harmonious cabin environment. We cannot guarantee "disrequests." Thank you.
6. Cabin requests made after May 15th will not be included in the cabin placement process.
7. Cabin groups will not be disclosed prior to the campers' arrival at camp. Please don't ask before then. Thank you.

I/We have read the Camp Timberlane Enrollment Information and Policies, accept financial responsibility for this camper, and accept the terms as stated on the Enrollment Policies form.

I/We furthermore give permission to the medical personnel selected by the camp directors to dispense OTC and prescription medications, order X-rays, routine tests, treatment, and necessary transportation for my/our child. In the event I/we cannot be reached in an emergency, I/we hereby give permission to the physician selected by the camp directors to secure and administer treatment, including hospitalization, for my/our child as named above. This authorization may be photocopied for trips out of camp.

I/We further grant permission for my/our child to enter Canada with employees of Camp Timberlane while participating in the camp wilderness trips program during the term of the summer camping season.

(Signature of Parent or Legal Guardian) (Date)

(Signature of Parent or Legal Guardian) (Date)

