

2007 APPLICATION FOR CAMPER REGISTRATION

Camper's Name _____ 4-H Member? Yes No
 Gender Male Female Date of Birth _____ Age _____
 School _____ Entering Grade (Fall 2007) _____
 Parent/Guardian's Name _____
 Street Address _____
 City _____ County of Resident _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone or Pager _____ E-Mail _____

How did you hear about Camp?

Returning Friend Relative Brochure Radio/Newspaper 4-H Other _____

For Session Requested Check All Sessions and Programs in which the above named camper will participate.

| | | |
|---|---|--|
| <p style="text-align: center;">Session 1: July 1-6 <u>Klondike Day</u></p> <p><input checked="" type="checkbox"/> Day Camper <input checked="" type="checkbox"/> Resident Camper <input checked="" type="checkbox"/> Sr. Whitewater Rafting \$60 <input checked="" type="checkbox"/> Sr. Kayak Trip \$15 <input checked="" type="checkbox"/> Hunter Safety (Age 12+ Free)</p> | <p style="text-align: center;">Session 2: July 8-13 <u>Pirates of the South Pacific</u></p> <p><input checked="" type="checkbox"/> Day Camper <input checked="" type="checkbox"/> Resident Camper <input checked="" type="checkbox"/> Sr. Adirondack Canoe \$60 <input checked="" type="checkbox"/> Sr. Hiking Trip \$15</p> | <p style="text-align: center;">Session 3: July 15-20 <u>Medieval Times</u></p> <p><input checked="" type="checkbox"/> Day Camper <input checked="" type="checkbox"/> Resident Camper <input checked="" type="checkbox"/> Sr. Hiking Trip \$60 <input checked="" type="checkbox"/> Sr. Fishing Trip \$15</p> |
| <p style="text-align: center;">Session 4: July 22-27 <u>Wizards of the World</u></p> <p><input checked="" type="checkbox"/> Day Camper <input checked="" type="checkbox"/> Resident Camper <input checked="" type="checkbox"/> Sr. Waterslide Park \$60 <input checked="" type="checkbox"/> Sr. Canoe Trip \$15</p> | <p style="text-align: center;">Session 5: July 29-August 3 <u>Retro Day</u></p> <p><input checked="" type="checkbox"/> Day Camper <input checked="" type="checkbox"/> Resident Camper <input checked="" type="checkbox"/> Sr. Horseback Riding \$60 <input checked="" type="checkbox"/> Sr. Baseball Game \$15</p> | <p style="text-align: center;">Session 6: August 5-10 <u>Olympic Week</u></p> <p><input checked="" type="checkbox"/> Day Camper <input checked="" type="checkbox"/> Donation of \$5 to Support the Cost of an Olympic T-Shirt <input checked="" type="checkbox"/> Resident Camper <input checked="" type="checkbox"/> Donation of \$5 to Support the Cost of an Olympic T-Shirt</p> |

I hereby apply for enrollment of my son/daughter at 4-H Camp Owahta. A registration fee of **\$25 PER WEEK** is enclosed. I agree to pay the balance of the camp fee **TWO WEEKS** before the camp session begins for which my child is enrolled. I understand that cancellations will have the registration fees, less the \$25 deposit, returned if one-week notification is given. If a one-week notification is not given, refunds will not be provided.

I approve of _____'s attendance at 4-H Camp Owahta. He/She is in normal health and will be submitted to an examination by the camp nurse. Recognizing that safety and health precautions are taken at camp, that all state Board of Health requirements are met, that public camp liability insurance is carried, and that camper accident and sickness insurance is carried, I hereby release Cornell Cooperative Extension of Cortland County, my home County Extension Agency, and 4-H Camp Owahta from any further obligation or liability. I also give 4-H Camp Owahta permission to use photographs of my child for the promotional use of the camp program (Brochure, Web Page, Newspaper, Promotional Videos, etc.) and understand that no compensation of any form will be provided.

Parent Signature

Date

CALCULATING COST OF DAY CAMP

FEES:Single Week is \$125Two or more weeks is \$115 each week
COST

- SESSION 1: July 1st through July 6th****Klondike Day**
- SESSION 2: July 8th through July 13th****Pirates of the South Pacific**
- SESSION 3: July 15th through July 20th****Medieval Times**
- SESSION 4: July 22nd through July 27th****Wizards of the World**.....
- SESSION 5: July 29th through August 3rd****Retro Day**.....
- SESSION 6: August 5th through August 10th** Olympic Week.....
- Donation of \$5 to Support the Cost of an Olympic T-Shirt for Your Day Camp or Resident Camper...(\$5)+.....

TOTAL COST OF DAY CAMP \$ _____

CALCULATING COST OF RESIDENT CAMP

FEES: Cortland County Residents: \$180 per week; 2 or more campers from *same family for same session* = \$175 per week
 Out of County Residents: \$200 per week; 2 or more campers from *same family for same session* = \$195 per week
COST

- SESSION 1: July 1st through July 6th****Klondike Day**
- Sr. Resident Camper (Ages 12 & up) Whitewater Rafting Trip..... (\$60) +
- Jr. Resident Camper (Ages 9-11) Kayak Trip (\$15) +
- Hunter Safety (Ages 12 & up)..... (free) +
- SESSION 2: July 8th through July 13th****Pirates of the South Pacific** +
- Sr. Resident Camper Trip (Ages 12 & up) Adirondack Trip (\$60)+
- Jr. Resident Camper Trip (Ages 9-11) Hiking Trip (\$15) +
- SESSION 3: July 15th through 20th****Medieval Times** +
- Sr. Resident Camper Trip (Ages 12 & up) Hiking Trip (\$60)+
- Jr. Resident Camper Trip (Ages 9-11) Fishing Trip (\$15)+
- SESSION 4: July 22nd through 27th****Wizards of the World**..... +
- Sr. Resident Camper Trip (Ages 12 & up) Waterslide Park Trip..... (\$60)+
- Jr. Resident Camper Trip (Ages 9-11) Canoe Trip (\$15)+
- SESSION 5: July 29th through August 3rd****Retro Day**..... +
- Sr. Resident Camper Trip (Ages 12 & up) Horseback Riding Trip (\$60)+
- Jr. Resident Camper Trip (Ages 9-11) Baseball Game (\$15)+
- SESSION 6: August 5th through 10th****Olympic Week** +
- Donation of \$5 to Support the Cost of an Olympic T-Shirt for Your Day Camp or Resident Camper...(\$5)+.....

Subtotal Cost of Resident Camp.....\$ _____
 Less Resident Camp EARLY PAYMENT DISCOUNT (If FULL balance paid before JUNE 15, 2007):
 Deduct Total number of Resident Camp Weeks _____ X \$10 per week..... (--) \$ _____
TOTAL COST OF RESIDENT CAMP.....\$ _____

TOTAL CAMP OWAHTA COSTS (Day Camp Cost PLUS Total Resident Camp Cost) \$ _____

PAYMENT HISTORY

| DEPOSIT | Place Received _____ | Receipt # _____ | Check # _____ | Amount \$ _____ |
|---------------|----------------------|-----------------|---------------|-----------------|
| Payment | Place Received _____ | Receipt # _____ | Check # _____ | Amount \$ _____ |
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