

CAMPER APPLICATION

Skyland Camp for Girls

PO Box 128

Clyde, North Carolina, 28721

Please complete all information

Today's Date _____

Camper's First Name _____

Camper's Last Name _____

Age (as of June 15, 2012) _____ Years _____ Months Date of Birth _____

Grade in school – completed as of 2011/2012 school year _____

A deposit of \$500.00 (or full payment for Day Camp) must accompany this application.

I agree to pay the balance at least two weeks before opening day. I also agree that any photos taken of the camper named above can be used in camp marketing materials. My signature also indicates I agree that any photos taken of the camper (named above) can be used in camp marketing materials.

Signed _____ Date _____
(Parent or guardian)

Parent/Guardian name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell phone _____

Email Address(es) _____

What is the best way to reach you? _____

2012 DATES (Please circle one)

First Session (\$2650) June 24 - July 10

Second Session (\$2650) July 12 – July 28

Both Sessions (\$4900) June 24 – July 28

Day Camp (\$300) June 25 – June 29

FOR OFFICE USE ONLY

Dep: \$ _____; CK # _____; DATE _____

BALANCE: \$ _____; CK # _____; DATE _____

SP: \$ _____; C or CK; CK # _____; DATE _____

OTHER:

Snapshot of
Applicant

Are both parents living? _____ Together? _____ Separately? _____

2nd Parent/Guardian name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell phone _____

Email Address _____

What activities will interest your camper most?

I first learned about Skyland through _____

Name and contact information of other parents who may be interested in Skyland:

Did anyone in your family attend Skyland? If so, who and what year(s)? _____

Camp Teams - Are you a (circle one): Tallyho? Trossach? New Camper?