

## CAMP WILMOT REGISTRATION 2010

- |   |   |
|---|---|
| <input type="checkbox"/> July 1st - 5th   | Family Camp 1                               |
| <input type="checkbox"/> July 5th - 10th  | Camp of MADness (Music, Arts, and Drama)    |
| <input type="checkbox"/> July 11th - 17th | Junior Camp (Grades 3-8)*                   |
| <input type="checkbox"/> July 18th - 24th | Adventure Camp (Grades 6-12)*               |
| <input type="checkbox"/> July 5th - 24th  | CIT Program (Ages 15 - 18)                  |
| <input type="checkbox"/> July 25th - 31st | Advanced Adventure Trip Camp (Grades 8-12)* |
| <input type="checkbox"/> August 1st - 7th | Family Camp 2                               |

Name of Camper \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age during camp \_\_\_\_\_

\*Grade Completed as of June 2010 \_\_\_\_\_ Girl / Boy (circle one)

T-Shirt Size: (Circle One) YS YM YL AS AM AL AXL AXXL AXXXL

Parents/Guardians Name \_\_\_\_\_

Family Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medical Insurance Covering Camper \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Holder \_\_\_\_\_ ID/Plan Number \_\_\_\_\_

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_

Denomination (if not Presbyterian) \_\_\_\_\_

Emergency Contact: (name) \_\_\_\_\_ (phone) \_\_\_\_\_

Requested Roommate \_\_\_\_\_

(You may only request ONE (1) person to room with and they must request you also. Roommate must be within 1 year of age and grade level. We will do our best to accommodate each request, but there is no guarantee this will be possible.)

### Camper's Agreement

*I wish to participate at Camp Wilmot and I agree to abide by camp rules and do my best to make the experience a success for all.*

Camper's Signature \_\_\_\_\_

Date \_\_\_\_\_

Scholarship (Campership) assistance is available. For information on assistance, check this box

Parent or Guardian, this notice must be signed in order for the camper to be accepted in the Camp Wilmot, Inc. Program.

I give full permission for my child to attend camp and to participate in all phases of the program. I do understand that my \$100 deposit is non-refundable and non-transferable. A physical and health history must be completed by a physician within one year prior to the beginning of camp. I understand that every effort will be made to protect and safeguard all campers. Therefore, I agree not to hold the Presbytery of Northern New England, Camp Wilmot, Inc. or its Board of Directors or its agents liable for any illness or for any mishap from any cause whatsoever which may be sustained. I also give the camp authority in dealing with problems of discipline. I agree that any camper disregarding camp rules will be sent home with no refund of their camp fee. Likewise, any camper who willfully destroys or defaces any property will be responsible and charged accordingly.

I authorize Camp Wilmot, Inc. to take and use photographs, slides and videotapes of my child without compensation for the purpose of promotion and/or website use. At the conclusion of camp, my child may be released to \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Mail completed form and deposit to: Camp Wilmot, 5 Whites Pond Rd, Wilmot, NH 03287**  
**Visit us at [www.campwilmot.org](http://www.campwilmot.org)**

CAMPERSHIPS: I WOULD LIKE TO DONATE an additional \$ \_\_\_\_\_ TO HELP ANOTHER CAMPER COME TO CAMP. Please enclose a check for this additional donation. Thank you!



Camp Wilmot, 5 Whites Pond Rd, Wilmot, NH 03287 Phone: (603) 768-3350, Fax: (603) 768-3409  
 Email: [campwilmot.info@gmail.com](mailto:campwilmot.info@gmail.com) Website: [www.campwilmot.org](http://www.campwilmot.org)

## CAMP WILMOT REGISTRATION INFORMATION 2010

### HOW TO REGISTER

- Complete and return the registration form with a \$100 deposit for each session.
- Deposits are non-refundable and non-transferable.
- The balance of the fee for each session is due on or before the first day of camp.
- Make your check payable to Camp Wilmot, Inc. There is a \$30 charge for all returned checks.
- Please consider making an additional donation above the deposit to help another camper who may be financially challenged and in need of a campership. Be sure to indicate this amount on the other side. Thank you!

### REFUNDS/CANCELLATION POLICIES

- Prior to April 1st, 100% refund, less deposit
- After April 1st, 50% refund, less deposit
- Within 2 weeks of arrival, only transferable to another camper.
- Emergency situations should be directed to the Camp Director
- If a camper leaves during the session, there will be no refund.

### MORE INFORMATION

- A camper packet will be sent to you when we receive your information. A clothing list, health history form, etc, are included. All campers will receive a free Camp Tee Shirt. Please call us if you have any questions.
- All applications are processed according to postmark date and are taken regardless of race, sex, color, creed, national origin, or handicap conditions.
- For more details, please email [campwilmot.info@gmail.com](mailto:campwilmot.info@gmail.com) or phone (603) 768-3350 or visit our website: [www.campwilmot.org](http://www.campwilmot.org)

**SEND REGISTRATION FORM AND DEPOSIT TO:**  
**Camp Wilmot, 5 Whites Pond Rd, Wilmot, NH 03287**

### 2010 SUMMER CAMP SCHEDULE

Dates	Camp	Price before May 1st	Price After May 1st
July 1st - 5th	Family Camp 1 Contact for fees: <a href="mailto:campwilmot.info@gmail.com">campwilmot.info@gmail.com</a>	(separate fee structure)	
July 5th - 10th	Camp of MADness Director(s): Bill Maxwell and Sarah Erni	400	450
July 11th - 17th	Junior Camp Director(s): Rachel Allen	400	450
July 18th - 24th	Adventure Camp Director(s): Rachel Allen and Elise Glidden	400	450
July 5th - 24th	CIT Program Director(s): Rachel Allen	900	1000
July 25th - 31st	Advanced Adventure Trip Camp Director(s): Rachel Allen	600	600
August 1st - 7th	Family Camp 2 Contact for fees, Barbara LaTour, <a href="mailto:Barb.LaTour@us.crl.com">Barb.LaTour@us.crl.com</a>	(separate fee structure)	