

2010 GOOD COUNSEL CAMP

APPLICATION FOR ENROLLMENT

SEE REVERSE FOR SESSION FEES & DISCOUNTED PAYMENT PLAN.

**Each session limited to 130 Campers due to bunk space.*

PLEASE CHECK BY SESSION(S) TO BE ATTENDED

Session 1 (13 Days) Sun. June 20 - Noon Fri. July 02 _____

Session 2 (6 Days) Sun. July 04 - Noon Sat. July 10 _____

Session 3 (13 Days) Sun. July 11 - Noon Fri. July 23 _____

Session 4 (13 Days) Sun. July 25 - Noon Fri. Aug 06 _____

Application will not be processed without photo.

IN BETWEEN SESSIONS

Session (1 to 2) \$80.00 per camper _____

Session (2 to 3) \$45.00 per camper _____

Session (3 to 4) \$80.00 per camper _____

Attach
student
photo
here

I hereby request that my child/ward be accepted for enrollment at Good Counsel Camp. I hereby consent to my child participating in the many events at camp that are described in this application and in the brochure and other promotional materials. I understand and assume the risks inherent with these camping activities, but also understand that all reasonable care and supervision will be exercised to provide for the general well being of my child.

ONE FORM PER CAMPER - PLEASE PRINT OR TYPE

Today's Date ____/____/____

Camper Name _____ Nick Name Camper Wishes to be Called _____

Date of Birth ____/____/____ Male _____ Female _____ Age Camper will be during chosen session _____

Hm. Phone (____) _____ - _____ Wk. Phone (____) _____ - _____ Cell (____) _____ - _____

Mailing Address _____ City _____ ST _____ Zip _____

Country (if other than the U.S.) _____ Postal Code _____

Local Address (if different from above) _____

City _____ ST _____ Zip _____

School Attending _____ Church Attending _____

Parent(s) Name _____ Parent's Signature _____

Indicate Camper's Means of Transportation (i.e., Bus, Car, etc.) _____ Arrival Time _____

If possible, I request my camper to be in the same cabin with _____

Fees include: Meals, housing, basic supplies, bus transportation for camp activities, laundry, snack allowance, stationery & envelopes, accident insurance, awards and badges, handicraft materials, etc.

Camp T-Shirts will be available for purchase at \$11.00 each. If interested, please indicate campers shirt sizes below for our ordering purposes. Shirts will be available at check-in and during canteen operating hours.

Youth Size: M _____ L _____ Adult Size: S _____ M _____ L _____ XL _____ Number of shirts desired _____

This application for enrollment is to be accompanied by full payment. If you wish to register after June 1, please call to confirm available space, then send corresponding fee for appropriate number of children.

Scholarship Fund: To help support campers who would otherwise be unable to attend Good Counsel Camp due to financial reasons, I am enclosing my tax deductible donation in the amount of: _____ \$5.00 _____ \$10.00 _____ \$15.00 _____ \$20.00 _____ \$25.00 _____ Other _____

I am in need of financial assistance in the amount of \$ _____.

Special Note: Cell phone, knives, hatchets, sparklers or firecrackers are not permitted. No dogs, cats, or pets are permitted. Campers may have visitors by permission only. Campers may not be reached at camp by telephone. Only in an emergency, may campers use the phone. Questions regarding the above policies will be answered by contacting the camp director. In case of emergency when parent or guardian cannot be reached, please call:

Name _____ Phone (____) _____

Please make checks payable to: Good Counsel Camp and mail to: 550 U.S. Hwy 41 South, Inverness, FL 34450. Please send inquiries and correspondence to the above address or call office (352) 726-1910. Or fax to: Office Fax: (352) 344-8384, Camp Fax: (352) 726-3212.

CONFIRMATION OF RESERVATIONS IS NOT MADE UNTIL COMPLETED FORM WITH STUDENT PHOTO AND FULL PAYMENT ARE RECEIVED BY THE CAMP DIRECTOR.

DO NOT WRITE IN THIS SPACE

SESSION FEE \$ _____ WEEKEND FEE \$ _____ AMOUNT PAID \$ _____ CHECK NO. _____

DATE PAID ____/____/____ BAL. DUE \$ _____ CHECK NO. _____ BAL. DUE \$ _____

CANTEEN DEPOSIT \$ _____ BOY _____ GIRL _____ AGE _____ CABIN NO. _____ DATE ACCEPTED ____/____/____