



Camp Glen Arden for girls

1261 Cabin Creek Road
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Our 62nd Year 2012 Camper Application

PLEASE CHECK SESSION

<input type="checkbox"/> June Session	Entering 3rd to 11th grades	Sunday, June 3 - Friday, June 22	\$ 3750.00
<input type="checkbox"/> July Session	Entering 3rd to 11th grades	Sunday, June 24 - Friday, July 20	\$ 4750.00
<input type="checkbox"/> Tajar Time Camp I	Entering 1st to 4th grades	Sunday, June 3 - Friday, June 15	\$ 2500.00
<input type="checkbox"/> Tajar Time Camp II	Entering 1st to 4th grades	Sunday, June 24 - Friday, July 6	\$2500.00
<input type="checkbox"/> August Session	Entering 1st to 6th grades	Sunday, July 22 - Friday, August 3	\$2500.00

Registration Policy:

Priority for enrollment is given to returning campers until October 1, 2011. Applications from siblings of current campers, daughters of alumnae and former campers received before October 1, 2011 will have second priority. All applications received after October 1, 2011 will be enrolled, as space allows, in the order in which they are received.

Early Registration T-Shirt size: _____ (Please specify whether youth or adult.)

Camper, please complete this section.

Name: _____ Name Child Prefers: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Birthdate: Mo. Day Yr Age in Summer of 2012: _____ Grade Fall of 2012: _____

School: _____ Religion: _____

This will be my _____ year at Camp Glen Arden. Email Address: _____

Mother

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell: _____ Email: _____

Occupation/Title: _____

Father

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell: _____ Email: _____

Occupation/Title: _____

Bill to: Dad Mom Grandparents Other Send Reports to: _____

Names and ages of sisters: _____

Names and ages of brothers: _____

I understand that there are inherent risks involved in camp activities which are beyond the control of the camp and its staff; and I agree to assume such risk. In case I cannot be reached, I hereby give permission to the physician selected by the Camp Director to proceed with the necessary treatment in case of a medical emergency. I understand that I will be financially responsible for any medical expenses.

Parent/Guardian

Date

I grant permission to Camp Glen Arden for my daughter to ride in camp vehicles with approved/ licensed Glen Arden staff for out-of-camp trips.

Parent/Guardian

Date

I grant permission for my child to participate in out of camp equestrian activities should her skills allow, and I agree to pay the additional canteen charge.

Parent/Guardian

Date

I grant permission to Camp Glen Arden for the possible inclusion of my daughter in photographs and/or video solely for the promotion of the Camp.

Parent/Guardian

Date

I agree to pay: 🐾 a \$650.00 registration fee with this application. This fee is refundable less \$100.00 until February 1, 2012.

🐾 a second payment of \$650.00 by February 1, 2012, with the balance to be paid on or before May 1, 2012.

Parent/Guardian

Date

Remarks/Special Emphasis Request (please attach a sheet if needed):

Has your daughter started her period?

Yes No

If daughter is Catholic, will she attend Mass?

Yes No

How did you hear of Camp Glen Arden? _____

Relatives who have attended Camp Glen Arden and their Clan: _____

I would like to recommend for Glen Arden:

Name: _____ Age: _____

Parents' Names: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Age: _____

Parents' Names: _____ Phone: _____

Address: _____ Email: _____