

2010 Camper Application

CAMP BEAR TRACK



PO Box 125
DRASCO, AR 72530
501-825-8222
Fax 501-825-8255

Office Only: Camper # _____ Confirm _____
Forms Packet _____ Bunk1 info flyer _____

SELECT PAYMENT METHOD

Date _____ Amount \$ _____
Payment Method : _____ Check _____ Visa _____ MasterCard
Credit Card # _____
CC expiration date _____
Print Name of cardholder: _____
Signature of cardholder: _____

Check session(s) attending. Return completed application and
\$200 non-refundable deposit per session which is applied to-
ward tuition. NOT VALID without deposit and parent signature.

2010 Session Dates and Rates

- | | |
|--|--------|
| <input type="checkbox"/> Session 1 (S1) June 6-18 | \$1800 |
| <input type="checkbox"/> Mini-Camp (MC) June 20-25 | \$850 |
| <input type="checkbox"/> Session 2 (S2) June 27-July 9 | \$1800 |
| <input type="checkbox"/> Session 3 (S3) July 11-23 | \$1800 |
| <input type="checkbox"/> Session 4 (S4) July 25-August 6 | \$1550 |

EARLY BEAR RATES—DUE DECEMBER 1st

Early Bear Discount for selected sessions:

MC: \$800

S1, S2, S3: \$1725

Tuition received in full by 12/01/2009.

No Exceptions.

BEYOND BEAR TRACK - Enrollment minimum: 12

- | | |
|---|-------|
| <input type="checkbox"/> Appalachian Adventure (AA) | \$950 |
| <input type="checkbox"/> June 19-25 | |

CAMPER INFORMATION

Last Name _____ Name Called _____

_____ Female _____ Male

Date of Birth _____

Street _____

City _____ ST _____ Zip _____

Home phone with area code: _____

Current Grade (Fall 2009) _____

School _____

Years at Camp Bear Track _____ (Include 2010 summer)

Are both parents living? _____ Yes _____ No

Camper is living with:

_____ Both parents _____ Mother _____ Father

_____ Other: _____

Complete and sign reverse side and return with \$200 deposit per session.

PARENT INFORMATION: Parents, please provide all requested information.
Complete address and home phone information only if different from camper.

FATHER

Last Name _____

First Name _____

Home phone (____) _____

Street _____

City _____

State _____ Zip _____

Work Telephone (____) _____

Cell/Pager (____) _____

Fax (____) _____

Email address _____

Occupation _____

Marital Status _____

Step-parent Name

Stepfather _____

Stepmother _____

Optional: 1st year campers only:

How did you learn about CBT? Check one:

Internet

Advertisement

Camp Fair

Friend: List name _____

MOTHER

Last Name _____

First Name _____

Home phone (____) _____

Street _____

City _____

State _____ Zip _____

Work Telephone (____) _____

Cell/Pager (____) _____

Fax (____) _____

Email address _____

Occupation _____

Marital Status _____

BILLING INFORMATION (Complete only if different from camper's home address)

Last Name _____

First Name _____

Street _____

City _____

State _____ Zip _____

Phone (____) _____

Email _____

Balance of all camp fees are payable on or before April 1, 2010. Fees will be due 1/15/2010 and 4/1/2010. Withdrawal prior to April 1, tuition payments less the deposit are fully refundable. Camp Bear Track reserves the right to cancel enrollment if fees are not paid in full by April 1, 2010. After April 1, 2010, all fees should be considered due and owing and no refunds shall be given. The obligations of the camp for counselors, employees, and general expenses are fixed for the summer and the absence of a camper does not lessen operating expenses. The Directors reserve the right to dismiss a camper when it is deemed to be in the best interest of either the child or camp, or for violation of camp rules. No refund or reduction will be made for dismissal or withdrawal after April 1, 2010. I give permission for photographs or video footage to be used of my child by the camp for promotional purposes. Parents or Guardians with campers who are not covered by family insurance for illness and/or accidents are responsible for any and all charges incurred in the treatment of their child while participating in camp. I understand there is a certain degree of risk and possible injury by reason of the camp and its activities. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for my child as named in this application. **I understand the application must be signed and include a deposit to be valid.**

Parent/Guardian Signature _____ Date _____