

ARROWHEAD CAMP

APPLICATION FORM 2010



Please enroll: _____ Gender: Male Female
(camper's last name, first name)

Date of Birth: _____ Health Card Number: _____
(year) (month) (day)

Camper mailing address: _____

City: _____ Province: _____ Postal Code: _____ Telephone number: _____

Camper lives with: Both parents ; Mother ; Father ; Guardian

Mother's name: _____ home phone: _____ business phone: _____

Cell Phone: _____ home email: _____

Address (if different than camper): _____

Father's name: _____ home phone: _____ business phone: _____

Cell Phone: _____ home email: _____

Address (if different than camper): _____

School camper attends: _____ Present grade: _____

Name and address for billing (if different than above): _____

Is there anything in particular we should know about your child? (i.e. Allergies, medical problems, custody rights etc.)

Please indicate if your child would like to be in the same cabin with a friend (we can only accommodate requests if they are within **ONE** calendar year in age).

How did you hear about Arrowhead Camp? _____

If you have friends or relatives who would like to receive Arrowhead Camp information, please list their names and addresses here.

Applicants for the Leader In Training (LIT) program: please note that the LIT must be 16 by Dec 31 2010. The process for applying for either the July or August program includes completing this application form, including a resume and cover letter and paying the deposit. All applicants are processed on Nov 1st and the successful candidates will be notified by Dec 1 2009. The program is limited to 20 LIT's (10 girls and 10 boys) per session.

2010 CAMP SESSIONS

PLEASE SELECT WHICH SESSION(S) YOU WOULD LIKE FOR 2010	Please Check	Session #	Dates	Age	# of Weeks	Deposit Required	Fee	TAX 3% PST & 5% GST	Total Fee (after Dec 1 st)	Early Bird Fee (Before Dec 1 st)	Tax	Early Bird Fee Total (Before Dec 1 st)	
	<input checked="" type="checkbox"/>												
	<input type="checkbox"/>	1	July 4-17	6-16	2	\$600	\$1480	\$118.40	\$1598.40	\$1430	\$114.40	\$1544.40	
	<input type="checkbox"/>	1A	July 4-10	6-16	1	\$300	\$740	\$59.20	\$799.20	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	
	<input type="checkbox"/>	1B	July 11-17	6-16	1	\$300	\$740	\$59.20	\$799.20	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	
	<input type="checkbox"/>	2	July 18-31	6-16	2	\$600	\$1480	\$118.40	\$1598.40	\$1430	\$114.40	\$1544.40	
	<input type="checkbox"/>	3	Aug 1-14	6-16	2	\$600	\$1480	\$118.40	\$1598.40	\$1430	\$114.40	\$1544.40	
	<input type="checkbox"/>	1 & 2	July 4-31	6-16	4	\$600	\$2885	\$230.80	\$3115.80	\$2785	\$228.80	\$3007.80	
	<input type="checkbox"/>	2 & 3	July 18- Aug 14	6-16	4	\$600	\$2885	\$230.80	\$3115.80	\$2785	\$228.80	\$3007.80	
	<input type="checkbox"/>	1 & 3	July 4-17 & Aug 1-14	6-16	4	\$600	\$2885	\$230.80	\$3115.80	\$2785	\$228.80	\$3007.80	
	<input type="checkbox"/>	1, 2 & 3	July 4- Aug 14	6-16	6	\$600	\$4140	\$331.20	\$4471.20	\$4040	\$323.20	\$4363.20	
	<input type="checkbox"/>	4	Aug 15-21	6-16	1	\$300	\$740	\$59.20	\$799.20	\$690	\$55.20	\$745.20	
	<input type="checkbox"/>	5	Aug 22-28	6-16	1	\$300	\$740	\$59.20	\$799.20	\$690	\$55.20	\$745.20	
<input type="checkbox"/>	July LIT	July 4-31	16	4	\$900	\$2120	\$169.60	\$2289.60	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>		
<input type="checkbox"/>	August LIT	Aug 1-28	16	4	\$900	\$2120	\$169.60	\$2289.60	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>		

Please Check <input checked="" type="checkbox"/>	Program Options	Fee (Taxes Included)
<input type="checkbox"/>	Horseback Riding (four two hour lessons)	\$147.00
<input type="checkbox"/>	Algonquin Park Trip (not applicable in session 4 or session 5 or LIT)	\$125.00
<input type="checkbox"/>	Toronto Bus to Camp	\$63.00
<input type="checkbox"/>	Bus to Toronto	\$63.00
<input type="checkbox"/>	Round Trip Bus to Camp and return to Toronto	\$105.00
<input type="checkbox"/>	Ottawa Bus to Camp	\$73.50
<input type="checkbox"/>	Bus to Ottawa	\$73.50
<input type="checkbox"/>	Round Trip Bus to Camp and return to Ottawa	\$136.50

INTERESTED IN DAY CAMP?

We run an EIGHT week program from Monday to Friday. Day Campers experience all of our Residential activities and enjoy lunch with the rest of Camp. Contact Camp to find out more! Each week costs \$235 (taxes included)

A discount of \$50.00 is applied for each additional sibling attending Camp for two or more weeks.

A Discount of \$25.00 is applied to each additional sibling attending Camp for ONE week.

To receive the Early Bird Discount of \$50 per applicant (\$100 for sessions longer then TWO weeks) applications must be received by November 30, 2009. *Note: Early Bird is not applicable to the LIT Program*

A DEPOSIT of \$300 PER CAMPER WEEK, APPLICABLE ON THE CAMP FEE MUST ACCOMPANY THIS APPLICATION.

New for 2010 is a balanced payment plan debited to your credit card on the 1st of each month starting with the month of registration and concluding on July 1st 2010 (NO DEPOSIT IS REQUIRED).

GST #88878 0756 RT0001

REFUND POLICY

This deposit, less \$100.00 administration fee plus 5% GST, will be returned if withdrawal is made before May 1, 2010. The balance of the fee is due May 1, 2010. There is no reduction or refund in fee for late arrival, early departure or cancellations for any reason after May 1st 2010, unless there is a family emergency or a documented medical reason.

CAMP PICTURES

Please sign below to grant Arrowhead Camp permission to use camp pictures containing your child in promotional materials (brochures, camp newsletters, web sites, camp fair displays, videos, etc.) Names are not used.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

CAMP PROGRAM & HEALTH CARE

I desire my child to participate in the full camp program and all activities unless I advise you otherwise in writing. I agree that, having taken such precautions as in your discretion are deemed advisable, you shall not be held responsible for any accident or sickness of my child. To the best of my knowledge, my child is in good health. If there is exposure to any infectious disease and/or any change in my child's condition prior to attending camp, I will notify the camp in writing. If, for any reason, my child requires medical attention or special medication beyond that furnished by the camp, I agree to be responsible for any expenses incurred. In the event of an emergency, I authorize you to take whatever steps may be deemed necessary.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

CONDITIONS OF ENROLLMENT

I understand that my child will participate in the full program and all activities unless I advise the Camp otherwise in writing at the time of application. I understand that the Camp Administration reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the Camp as set out in the Code of Conduct in the Final Instructions package (available in the Spring on our website). I also understand that Arrowhead Camp can not guarantee my child's cabin mate request if they are not registered for the same length of time or are not within a year of each other in age.

I have read all the conditions of enrollment and I accept the terms as described and I further understand the refund policy for Arrowhead Camp.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PAYMENT OPTION 1

PLEASE INDICATE YOUR PREFERRED PAYMENT METHOD FOR DEPOSIT (PAYABLE UPON REGISTRATION)

- Enclosed cheque or money order in Canadian Funds made payable to Arrowhead Camp
- VISA Number: _____ MasterCard Number: _____
- Expiry Date: _____ Name on Card: _____ Amount of Payment \$ _____
- Visa or MasterCard Signature _____

BALANCE OF FEES

Camp Fees are due May 1st 2010. We cannot guarantee your camper's place will be held if payment is not received by our due date.

Please fill out the following section:

- Enclosed is a post-dated cheque dated **May 1st 2010**, for the balance of camp fees.
- Permission is given to Arrowhead Camp to charge the balance of the Camp fee to the credit card listed **above**.
- Permission is given to Arrowhead Camp to charge the balance of the Camp fee to the credit card listed **below**.
- VISA Number: _____ MasterCard Number: _____
- Expiry Date: _____ Name on Card: _____ Amount of Payment \$ _____

Visa or MasterCard Signature _____
All Credit Card balance of fees payments are processed May 1st 2010

PAYMENT OPTION 2

Balanced Payment Plan: Please charge my Camp fees to the credit card listed below beginning the month I register and concluding on July 1st 2010. There is a \$100 Deposit required for this plan and the 1st payment after the deposit will be applied on the 1st of the month.

- VISA Number: _____ MasterCard Number: _____
- Expiry Date: _____ Name on Card: _____
- Visa or MasterCard Signature _____

Please send applications to:
Arrowhead Camp
582 Brunel Rd.
Huntsville, Ontario
P1H 1S1

FOR OFFICE USE ONLY
APPLICATION RECEIVED: DEPOSIT:
DATE PROCESSED:
FEES: \$
DISCOUNT (IF APPLICABLE): - \$
TOTAL FEES: \$
3% PST: + \$
6% GST: + \$
TOTAL = \$
DEPOSIT: CHK <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> - \$
BALANCE = \$
PAYMENT: CHK <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> - \$
BALANCE = \$

FALL, WINTER & SPRING ADDRESS: 582 Brunel Rd Huntsville Ont P1H 1S1 Phone: 705.788.0611 Fax: 705.788.2796
 SUMMER ADDRESS: 1111 Ronville Rd. RR#1 Dwight Ont P0A 1H1 Phone: 705.635.1600 Fax: 705.635.1630
camp@arrowhead.on.ca www.arrowhead.on.ca