

# ARROWHEAD CAMP

## APPLICATION FORM 2011



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 2011. 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 1<sup>st</sup> and the successful candidates will be notified by Dec 1 2010. The program is limited to 20 LITs (10 girls and 10 boys) per session.

## 2011 CAMP SESSIONS

PLEASE SELECT WHICH SESSION(S) YOU WOULD LIKE FOR 2011	Please Check	Session #	Dates	Age	# of Weeks	Deposit Required	Fee	TAX 13% HST	Total Fee (after Dec 1 <sup>st</sup> )	Early Bird Rate Before Dec 1 <sup>st</sup> (HST Included)	
	<input checked="" type="checkbox"/>										
	<input type="checkbox"/>	1	July 3-16	6-16	2	<b>\$600</b>	\$1495	\$194.35	\$1689.35	\$1632.85	
	<input type="checkbox"/>	1A	July 3-9	6-16	1	<b>\$300</b>	\$750	\$97.50	\$847.50	\$791	
	<input type="checkbox"/>	1B	July 10-16	6-16	1	<b>\$300</b>	\$750	\$97.50	\$847.50	\$791	
	<input type="checkbox"/>	2	July 17-30	6-16	2	<b>\$600</b>	\$1495	\$194.35	\$1689.35	\$1632.85	
	<input type="checkbox"/>	3	July 31- Aug13	6-16	2	<b>\$600</b>	\$1495	\$194.35	\$1689.35	\$1632.85	
	<input type="checkbox"/>	1 & 2	July 3-30	6-16	4	<b>\$600</b>	\$2915	\$378.95	\$3293.95	\$3180.95	
	<input type="checkbox"/>	2 & 3	July 17- Aug 13	6-16	4	<b>\$600</b>	\$2915	\$378.95	\$3293.95	\$3180.95	
	<input type="checkbox"/>	1 & 3	July 3-16 & July 31- Aug 13	6-16	4	<b>\$600</b>	\$2915	\$378.95	\$3293.95	\$3180.95	
	<input type="checkbox"/>	1, 2 & 3	July 3- Aug 13	6-16	6	<b>\$600</b>	\$4185	\$544.05	\$4729.05	\$4616.05	
	<input type="checkbox"/>	4	Aug 14-20	6-16	1	<b>\$300</b>	\$750	\$97.50	\$847.50	\$791	
	<input type="checkbox"/>	5	Aug 21-27	6-16	1	<b>\$300</b>	\$750	\$97.50	\$847.50	\$791	
<input type="checkbox"/>	July LIT	July 3-30	16	4	<b>\$900</b>	\$2135	\$277.55	\$2412.55	n/a		
<input type="checkbox"/>	August LIT	July 31- Aug 27	16	4	<b>\$900</b>	\$2135	\$277.55	\$2412.55	n/a		

Please Check <input checked="" type="checkbox"/>	Program Options	Fee (HST Included)
<input type="checkbox"/>	Horseback Riding (four two hour lessons)	<b>\$158.20</b>
<input type="checkbox"/>	Algonquin Park Trip (not applicable in session 4 or session 5 or LIT)	<b>\$141.25</b>
<input type="checkbox"/>	Toronto Bus to Camp	<b>\$67.80</b>
<input type="checkbox"/>	Bus to Toronto	<b>\$67.80</b>
<input type="checkbox"/>	Round Trip Bus to Camp and return to Toronto	<b>\$113.00</b>
<input type="checkbox"/>	Ottawa Bus to Camp	<b>\$79.10</b>
<input type="checkbox"/>	Bus to Ottawa	<b>\$79.10</b>
<input type="checkbox"/>	Round Trip Bus to Camp and return to Ottawa	<b>\$146.90</b>

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, 2010. *Note: Early Bird is not applicable to the LIT Program*  
GST #88878 0756 RT0001

**REFUND POLICY**

This deposit, less \$100.00 administration fee plus 13% HST will be returned if withdrawal is made before May 1, 2011.  
The balance of the fee is due May 1, 2011. There is no reduction or refund in fee for late arrival, early departure or  
cancellations for any reason after May 1<sup>st</sup> 2011 unless there is a family emergency or a documented medical reason.

**CONDITIONS OF ENROLLMENT**

*All three conditions must be signed.*

**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 cannot 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 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 1<sup>st</sup> 2011. 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 1<sup>st</sup> 2011**, 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 1<sup>st</sup> 2011*

## 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 1<sup>st</sup> 2011. There is a \$100 Deposit required for this plan and the 1<sup>st</sup> payment after the deposit will be applied on the 1<sup>st</sup> of the month.

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

Please send applications to:

**Arrowhead Camp**  
**1111 Ronville Rd RR#1**  
**Dwight, ON**  
**POA 1H0**

FOR OFFICE USE ONLY
APPLICATION RECEIVED: DEPOSIT:
DATE PROCESSED:
FEES: \$
DISCOUNT (IF APPLICABLE): - \$
TOTAL FEES: \$
13% HST: + \$
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 = \$

CAMP ADDRESS: 1111 Ronville Rd. RR#1 Dwight Ont POA 1H1 Phone: 705.635.1600 Fax: 705.635.1630  
[camp@arrowhead.on.ca](mailto:camp@arrowhead.on.ca) [www.arrowhead.on.ca](http://www.arrowhead.on.ca)