Enrollment Application 2012



Cam	per	N	lam	ıe

Please indicate which session your child will be attending. The prices below do not include the recommended \$75-150 account for personal activities, outings and store purchases.

Session Dates		Tier A Full Tuition	Tier B Partial Subsidy	Tier C Scholarship	Please Tick
First Session (4 weeks):	6/24-7/21	\$3,175	\$2,975		
Second Session (3 weeks):	7/22-8/12	\$2,725	\$2,525	\$2,325	
Full Session (7 weeks):	6/24-8/12	\$4,900	\$4,700	\$4,500	
Two Week Option 1*:	6/24-7/7	\$1,975	\$1,775		
Two Week Option 2*:	7/8 -7/21	\$1,975	\$1,775		
Two Week Option 3*:	7/22-8/4	\$1,975	\$1,775		

Notes on 2-week options:

If you are interested in Tier C, please contact the office for further details.

Upon receipt of this application and registration fee, the camp will forward you relevant information. All forms are now available on our website www.wlcamp.org and must be sent back to camp by June 1.

Also a checklist of what to bring to camp can be found on our website.

I do not expect nor will I ask for a refund of any part of the tuition if this enrollment is cancelled or if the camper leaves camp before his session expires, except in case of illness incurred at camp. While my child is at camp, or engaged in any of its program activities or trips, I assume all responsibility for accident and agree to meet all expenses incurred for special medical, surgical, and nursing care in case of illness. I agree also to abide by the decisions of the nurse and/or director on activities to be participated in by my child.

I also agree to let my child's picture appear in camp promotional material.

I have enclosed my \$300 non-refundable registration fee credited toward tuition. I agree to pay the tuition balance by April 1, 2012.

I am responsible for this bill, and I have read this application and agree to see that its terms are fully met.

Signature of Parent/Guardian ______ Date _____

FOR OFFICE USE ONLY Date Received: Deposit Paid: Check Number: Processed By:



PLEASE ATTACH \$300 REGISTRATION FEE AND MAIL TO:

William Lawrence Camp, P.O. Box 52, 139 Federal Corner Road Center Tuftonboro, NH 03816 Tel: (603) 569-3698 Fax: (603) 569-5468



^{*}All 2-week options available for first time Juniors and Middlers

^{*2-}week option (6/24-7/7) now available for returning Middlers and Juniors at Tier A pricing only.

^{*2-}week options (6/24-7/7 and 7/22-8/4) now available for first time Seniors at Tier A pricing only.

PLEASE PRINT

Camper's Last Name:		First:	:	Nickname:
Street Address:				
City:			State:	Zip:
Age as of 6/1/12	_ Birthday: Month	/ Day/ Y	ear Grade 2	2012-2013 (next year):
Camper's Email:				
Mother/Guardian 1:	·			
Street Address (if di	fferent):			
City:		State:	Zip: _	
Home Phone:				
Work Phone:				
Cell Phone:				
Father/Guardian 2:				
Street Address:				
City:		State:	Zip: _	
Home Phone:				
Work Phone:				
Cell Phone:				
Guardian 2 Email:				
To whom shall corre	espondence be sent?			
Who is responsible	for payment under th	is application	?	
• Returning campe	rs: What year did you	ır son first atte	end?	
• New campers: Ho	w did you hear of WL	Camp?		
FOR OFFICE USE OF Camper Unit 2012:	NLY			
Junior (going into	grades 3-6) Midd	ler (going into g	grades 7 or 8)	Senior (going into grades 9 or 10)

William Lawrence Camp accepts campers without regard to race, color, creed or national origin.