



Returning Camper Application

FOR OFFICE USE ONLY

Date Rec'd. _____

Dep. Amt. _____

Check # _____

For Summer of _____

A deposit of \$300 is required to hold a place for each camper. In case of cancellation, \$150 is refundable prior to March 1. **Full payment is required by opening day.**

Seven Weeks Four Weeks Three Weeks Counselor Training (*seven weeks*)

Camper's Name _____ Date of Birth _____
FIRST MIDDLE LAST

Grade in school after camp _____ Boy Girl

Parents' or guardians' full name _____ @
EMAIL

Address _____
STREET CITY STATE ZIP AREA CODE

Father's business _____ Phone _____
NAME OF FIRM TITLE OR POSITION AREA CODE

Mother's business _____ Phone _____
NAME OF FIRM TITLE OR POSITION AREA CODE

Instructions in case of illness (Please include a Journal-listed Christian Science Practitioner that you would like the camp to call if necessary, or you may elect to use the Camp Practitioner): _____

NAME State & City AREA CODE

Does your son/daughter rely on Christian Science for healing? _____

Is he/she free from the use of tobacco, alcoholic beverages, controlled substances, and medication? _____

Is he/she able to participate fully and freely in our active camp program? If no, please explain. _____

SPECIAL REGULATIONS

Camps Leelanau & Kohahna are for children who attend the Christian Science Sunday School. Campers are expected to attend Sunday School regularly throughout the year.

If at any time a camper's influence is considered harmful and his/her presence is regarded as undesirable, the camps reserve the right to request his/her withdrawal from camp. Any camper smoking, drinking, or indulging in the use of narcotics is subject to immediate dismissal.

The parent or guardian agrees to be bound by the special conditions and terms of admission.

Signature: _____ / /
APPLICANT DATE

Signature: _____ / /
PARENT OR GUARDIAN DATE