2018 CAMP WYOMOCO REGISTRATION FORM

BUSINESS OFFICE-9AM-1PM
585-786-2251
WWW.CAMPWYOMOCO.COM

CAMPER INFORMATION:

NAME: _____

BIRTHDATE: _____ ☐ MALE ☐ FEMALE

STREET ADDRESS: _____

CITY/ST/ZIP: _____

4-H MEMBER: Y ☐ N ☐ _____ COUNTY RESIDENCY: ☐ CITY ☐ RURAL ☐ TOWN ☐ FARM ☐ SUBURB

HOW DID YOU HEAR ABOUT US? _____

IF REFERRED, BY WHOM? _____

FOR REPORTING PURPOSES ONLY (OPTIONAL)- CHECK ALL THAT APPLY:

ETHNICITY: ☐ HISPANIC ☐ NON-HISPANIC

RACIAL GROUPS: ☐ WHITE ☐ ASIAN ☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER ☐ BLACK OR AFRICAN AMERICAN ☐ AMERICAN INDIAN OR ALASKA NATIVE

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN 1: _____

PHONE: _____ ALT. PHONE: _____

EMAIL: _____

PARENT/GUARDIAN 2: _____

PHONE: _____ ALT. PHONE: _____

PICKUP AUTHORIZATION _____

CHOOSE A WEEK:

SELECT WEEK(S) BELOW

☐ TIME TRAVEL WEEK
July 1-July 6

☐ SUPERHERO vs. PIRATE
July 8-July 13

☐ OLYMPIC WEEK
July 15-July 20

☐ HOLIDAY WEEK
July 22-July 27

☐ COUNTRY FAIR WEEK
July 29-August 3

☐ LEADERSHIP WEEK
August 5-10

WHAT SIZE T-SHIRT?:

(NEW-INCLUDED IN REGISTRATION FEE)

☐ YOUTH 10/12
☐ YOUTH 14/16
☐ ADULT SMALL
☐ ADULT MEDIUM
☐ ADULT LARGE
☐ ADULT X LRG
☐ ADULT XX LRG

CABIN-MATE REQUEST*:

(MUST BE WITHIN 2 YEARS OF AGE.)

_____

Although we try to accomodate cabinmate requests, they are are NOT guaranteed.

ACTIVITIES:

(AQ) AQUATICS
(AR) ARCHERY
(BT) BOATING
(EC) ECOLOGY & NATURE
(OL) OUTDOOR SKILLS
(PA) PERFORMING ARTS
(SP) SPORTS
(VA) VISUAL ARTS

COUNSELOR IN TRAINING

(CIT1) C.I.T. - 1 (AGE 14 BY 7/1/18)
(CIT2) C.I.T. - 2 (AGE 15 BY 7/1/18)
(CIT3) C.I.T. - 3 (AGE 16 BY 7/1/18)

HORSE PROGRAMS:

(HS) HORSE ACTIVITY (WKS 2-5)-$125
(HF) HORSE FOCUS (WK 4 AND 5)-$175

HORSE CAMP (WK 1 ONLY)

(HC) BRING A HORSE - $150
(RH) RENT A HORSE - $200

USE THE CODES ABOVE TO CHOOSE YOUR TOP CHOICES FOR ACTIVITIES.

1 _____
2 _____
3 _____
4 _____

2018 Resident Camper:	*$375/week*	
2018 Day Camper:	*$275/week*	
Horse Program Fees	*(from above)*	
Total 2018 CAMP FEES:		
Wyoming Cty 4-H member	*-$50/week*	
Multiple Week Discount	*-$50/addt'l week*	
NEW **Paid in Full Discount-**	*-$25/week*	
Discount will apply to each camp week if paid in full on or before April 15, 2018. If paying total fees due of registration, deduct discount from total fees due. Thereafter, please contact the Business Office for final payment amount.		
Total 2018 DISCOUNTS:		
TOTAL 2018 FEES DUE:		

PAYMENT REQUIRED REGISTRATION TO BE PROCESSED:

**PAYPAL ONLINE AT HTTP://WYOMOCO.CCE.CORNELL.EDU/REGISTRATION/MAKE-A-PAYMENT

Required Deposit	*$50.00/week*	
Horse Fees *(payment must be included with registration)*		
Additional Payment *(optional)*		
AMOUNT PAID WITH REGISTRATION:		

☐ PAYMENT ENCLOSED

☐ BILL CREDIT CARD:

Name on card _____

Card Number _____

Exp. Date: _____ CSC Code: _____

Signature _____ Date _____

Authorized Amount _____

REFUND POLICY & PARENT AUTHORIZATION

Before the start of camp: If a doctor's certificate is provided stating that the camper is unable to attend camp because of illness or injury, the camp fee, minus the deposit, will be refunded. A letter from a principal or other school official is required for campers who cancel out of a week because they have to attend summer school. The balance, minus the deposit, will be refunded. Refunds for the balance of the camp fee, less the deposit, are made ONLY for cancellations received in writing at least three weeks prior to the opening day of the camp session.

During camp: If the health staff and the camp director decide that a camper should be sent home for medical reasons, a refund for the balance of the camp period will be made on a prorated basis, minus deposit, computed as of noon each day. If a camper is experiencing a difficult adjustment to camp or is sent home because of a behavior problem, no refund will be granted. Under no circumstances will the deposit be refunded or transferred.

Parent or Legal Guardian: I have read this application, including my child's choice of activities. By signing below, I approve of my child's activity choices, including any additional fees that may be associated with them and understand that my child must mail or bring a current Camper Health History Form to the camp office three weeks prior to your camper's first session. I understand that the deposit included with this registration is non-refundable and non-transferable and is applied to the camp fee owed. It is not in addition to the camp fee. **I have read and understand the Camp Refund Policy.** I understand a $25 service charge will be applied for all returned checks.

Parent Signature _____ Date _____