



CAMP O-AT-KA 2020 Camper Application

2020 SESSION DATES		REGULAR TUITION
I am making an application for enrollment at Camp O-AT-KA for the period of:		
FULL SEASON	June 28 – August 15, 2020	\$ 9,300
FIRST SESSION	June 28 – July 25, 2020	\$ 5,900
SECOND SESSION	July 26 – August 15, 2020	\$ 4,900
2-WEEK STARTER SESSION A	June 28 – July 11, 2020	\$ 3,800
2-WEEK STARTER SESSION B	July 12 – July 25, 2020	\$ 3,800
LEADERSHIP CABIN	June 28 – July 25, 2020	\$ 5,900

Full name:	Nickname:
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Parent/Guardian Name(s):

If parents are separated or divorced, who has custody?
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E-mail Address:

Mailing Address:	STREET	CITY	STATE	ZIP CODE
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Phone Numbers:	HOME	CELL	WORK
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Birth date (mm/dd/yy):	Grade entering Fall 2020:	Age as of June 30, 2020:
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Present School:	Previous Camp Experience:
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Sibling(s):	Age:	Gender:	School:
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T-shirt Size:	Youth M _____ Youth L _____ Youth XL _____ Adult S _____ Adult M _____ Adult L _____ Adult XL _____
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This will be my _____ summer at Camp O-AT-KA.

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TUITION PAYMENT PLANS:

A \$1000 initial deposit is due by October 31, 2019 (75% of deposit is refundable until January 1, 2020) and will be applied towards your 2020 tuition. The remaining balance will be due in the following options:

Option 1. One full tuition payment - October 31, 2019

I give O-AT-KA permission to charge my card for the remaining balance of the 2020 tuition on October 31, 2019.

Signature: _____

Option 2. Four payments – November 15, 2019, January 15, 2020, March 15, 2020, and May 15, 2020

I give O-AT-KA permission to charge my card in four equal payments on the 15th of each month.

Signature: _____

Option 3. Monthly payments - September 15, 2019 – May 15, 2020

I give O-AT-KA permission to charge my card monthly on the 15th of each month from September 2019 – May 2020.

Signature: _____

Tuition payments are refundable until May 1, 2020, less the deposit.

Checks should be made payable to "Camp O-AT-KA". Major credit cards are accepted.

SIBLING DISCOUNT

A 5% discount will be applied to total tuition costs for two sibling campers.

A 10% discount will be applied to total tuition costs for three or more sibling campers.

CERTIFICATION OF PARENT OR GUARDIAN

So that Camp O-AT-KA may provide each child maximum opportunity for personal development, I understand that in signing this application I certify that my child is healthy and free of problems that could be adverse to his happiness or that of other campers. I give Camp O-AT-KA permission to use photos of my son in Camp publications. I agree that in the event this application is accepted and a place reserved for him at Camp O-AT-KA, he will remain in the Camp until the end of the designated period, unless he is dismissed by the Camp authorities for misconduct or for cause considered sufficient by the Camp. In case of voluntary withdrawal or dismissal, I understand that there will be no refund of Camp charges paid for the time reserved. In the event of withdrawal on account of serious illness, a pro rata refund will be made for the unexpired portion of the term.

It is my sincere wish that my son enjoy the experience afforded boys at the Camp, and I understand fully that even after reasonable precautions have been taken, many activities such as swimming, hiking, boating, or archery, etc., may involve hazards for which the Camp cannot be held responsible. In the event of apparent serious illness, I wish my child sent to a reliable hospital and skilled medical aid called at once, for which charges I shall be responsible. I authorize the medical designates of the Camp to administer any urgent or emergency treatment considered necessary by the Camp medical staff. I desire that notification of such illness be sent to me by prompt means of communication. I give Camp O-AT-KA permission to take my son on trips for off-site activities with other campers and authorize Camp O-AT-KA staff to sign any release of liability statements for my son required by vendors for such activities.

Camp O-AT-KA reserves the right to cancel this application should governmental action or other circumstances make camp operation impossible or unwise. Camp O-AT-KA also reserves the right to decline to accept an application.

I have enclosed the registration fee and agree to pay my son's full tuition within the terms stated in the enrollment information.

Parent/Guardian's Signature:	Printed Name:
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Date:

PLEASE USE THIS FORM TO PAY BY CREDIT CARD

Name on credit card:	Amount to be charged: \$	
Credit card number:	CSV (3 digit):	Expiration date:
Signature:		

FOR OFFICE USE ONLY

Date:	Deposit Paid:	Check Number:
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