

**APPLICATION FORM
CAMP DEL-JA-RI**

CAMPER'S NAME _____

ADDRESS _____
(Street) (City) (State) (Zip)

HOME PHONE (____) _____ WORK PHONE (____) _____

Email address _____

AGE (as of 6/01/19) _____ BIRTHDATE _____ GRADE COMPLETED _____

Camp T-Shirt size _____ Kids / Adult (please circle one)

I am between the ages of 15 – 17 years old and would like a CIT application. _____
(Form must be returned by June 1, 2019.)

CAMPER'S PEDIATRICIAN _____

ADDRESS _____

OFFICE PHONE (____) _____

CAMPER'S RHEUMATOLOGIST _____

ADDRESS _____

OFFICE PHONE (____) _____

REGISTRATION INFORMATION

The total camp fee is \$200.00. The fee includes food, room and board, Camp Mack staff (as needed – e.g. lifeguards, etc.), all camp activities and insurance. The registration deadline is June 1, 2019.

A \$40.00 deposit will secure a spot for your child. Please contact Alisa if you are interested in a campership, but a deposit is required for all campers. Please make your check payable to Camp Del-Ja-Ri.

TOTAL CAMP FEE	\$	200.00
ENCLOSED IS CHECK FOR	\$	_____
BALANCE DUE BY July 1, 2019	\$	_____

I UNDERSTAND:

1. The \$40.00 deposit is non-refundable.
2. The \$160.00 fee ($\$200 - \$40 = \160) is refundable if cancellation is made before June 15, 2019.
3. Refunds will be prorated for campers sent home due to illness or accident.
4. Medical information must be received by Camp Del-Ja-Ri no later than July 1, 2019.
5. All medications **MUST** accompany your child to camp and be in original containers.

Signature of Parent or Guardian

Date

Please return to:

Alisa Hein
26156 Lombard Ave.
Elkhart, IN 46517
574.293.6706
alisa@campdeljari.org

(OVER)