

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

CAMPER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

(Street) (City) (State) (Zip)

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

AGE (as of 6/01/17) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_

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

I am between the ages of 15 – 17 years and would like a CIT application. \_\_\_\_\_

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CAMPER'S PEDIATRICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

OFFICE PHONE (\_\_\_\_\_) \_\_\_\_\_

CAMPER'S RHEUMATOLOGIST \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

OFFICE PHONE (\_\_\_\_\_) \_\_\_\_\_

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**REGISTRATION INFORMATION**

The total camp fee is \$200.00. The fee includes food, use of equipment, supplies, room and board, all camp activities, camp T-shirt and insurance. The registration deadline is June 1, 2017.

A \$35.00 deposit will secure a spot for your child. You may apply for a campership (below) for the remaining amount if needed, 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 7, 2017	\$ _____

\_\_\_\_\_ I am interested in a campership

(OVER)

**I UNDERSTAND:**

1. The \$35.00 deposit is non-refundable.
2. The \$200.00 fee is refundable if cancellation is made before July 7, 2017.
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 7, 2017.
5. All medications **MUST** accompany your child to camp and be in original containers.

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Signature of Parent or Guardian

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Date

Please return to:

Alisa Hein  
26156 Lombard Ave.  
Elkhart, IN 46517  
574.293.6706  
[alisa@campdeljari.org](mailto:alisa@campdeljari.org)

(OVER)