



IROQUOIS SPRINGS

2011 CAMP APPLICATION

**CHECK ONE**

- New Camper
- Returning Camper

WINTER OFFICE

PO Box 20126
 Dix Hills, NY 11746
 Phone: 631.462.2550
 Fax: 631.462.0779
 E-mail: summers@iroquoissprings.com

SUMMER OFFICE

PO Box 487
 Rock Hill, NY 12775
 Phone: 845.434.6500
 Fax: 845.434.6508

Camper Name _____ Phone (____) _____

LAST FIRST MIDDLE

Address _____

NUMBER AND STREET CITY STATE ZIP

E-mail address: Parent _____ Camper _____

Sex _____ Date of Birth _____ Grade as of Sept. 2011 _____

M/F

Attended Camp Before? _____ If so, where? _____ When? _____

Name of Sibling attending Iroquois Springs _____

Mother's Name _____ Occupation _____ Business Phone _____

Father's Name _____ Occupation _____ Business Phone _____

Parents Relationship (Circle One) Married Separated Divorced Widowed

Emergency Contact: Name _____ Relationship _____ Phone (____) _____

THREE WEEK SESSIONS	POSTMARKED BY SEPT 15, 2010	AFTER	SIX WEEK SESSIONS	POSTMARKED BY SEPT 15, 2010	AFTER
<input type="checkbox"/> Session 1 July 2 – July 22	\$4,950	\$5,150	<input type="checkbox"/> July 2 – August 12	\$8,150	\$8,450
<input type="checkbox"/> Session 2 July 23 – August 12	\$4,950	\$5,150	VISITING DAY – July 16		

Parent agrees to either pay Iroquois Springs tuition by either credit card, check or cash as follows:

- Easy pay option:** Mail application and deposit of \$1000 by Sept. 15, then balance due in nine equal payments Oct – Jun *(Credit card required on file and will be charged on the 15th of each month)*
- A deposit of \$1000 is due upon enrollment with the remaining balance due in four (4) equal installments: October 15, 2010, December 15, 2010, February 15, 2011, April 1, 2011

Please make checks payable to **Iroquois Springs** and mail to: **PO Box 20126, Dix Hills, NY 11746**

Signature of Parent _____ Date _____

Please charge \$ _____ to my Master Card Visa Discover Amex

Card Number _____ Exp. _____

Cardholders Name _____ **Check here if you would like all future payments charged to this card**

TERMS OF ENROLLMENT

1. Camper tuition will include round trip transportation from Metropolitan New York, linen service, laundry service and all in camp activities. Baggage constitutes additional charges.
2. Deposit is refundable up to thirty (30) days after enrollment, *no exceptions*.
3. The parent or legal guardian enrolling this child at Iroquois Springs certifies that the child is both physically and emotionally healthy; acknowledges that this application is accepted subject to complete examination by a physician.
4. The camp is not responsible for campers' equipment or personal belongings while in transit or at camp.
5. Gratuities, in any form, for staff members or camp personnel, are prohibited. Parents are expected to adhere to this important camp regulation.
6. Iroquois Springs fees are based upon a timely payment schedule by our camp parents. The camp reserves the right to charge up to 1 ½ % interest monthly on any unpaid balances beginning June 1 and monthly thereafter until payment is complete.
7. No reduction, refund or allowance will be made for late arrival, dismissal or withdrawal of a camper, for any reason.
8. If necessary, we will transport campers to and from area airports. The charges are: LGA, JFK or NEWARK is \$50.00 one-way.
9. My child has permission to participate in all camp program excursions and special outings as planned and supervised by Iroquois Springs. I understand that some companies, with whom Iroquois Springs conducts excursions, may require that I sign a release prior to the excursion. I understand that if I do not sign, it is possible that the camper may not be permitted on the excursion. Realizing the orderly operations of the camp is of utmost importance, we agree to comply with all Camp rules and regulations with regard to enrollment and withdrawal of campers, camp programs and all visitation at Camp, which Rules will be furnished.
10. We fully understand that the Camp reserves the right to dismiss, in its sole discretion, a camper whose condition, conduct, influence or behavior is deemed by the Camp unsatisfactory or detrimental to the best interest of the Camp or who violates the Camp Rules and Regulations. We acknowledge that Iroquois Springs cannot replace the camper once the season has started, and that we will not be entitled to any refunds.
11. For good and valuable consideration we hereby consent to and authorize the reproduction, publication and use by Iroquois Springs and the American Camping Association and their successors and assignees for advertising, commercial, or any other purposes of any photograph, picture, sobriquet, voice or likeness of my/our child.
12. Any claims in connection with this agreement and/or the camp must be made in Sullivan County, NY as the sole forum.

IN CASE OF SURGICAL OR MEDICAL EMERGENCY, the parent hereby gives permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for the child named above. Every effort will be made by the Camp Administration to immediately contact parents in the event of an emergency.

I HAVE READ THE ABOVE TERMS. I AM FINANCIALLY RESPONSIBLE FOR ALL FEES INCURRED.
PLEASE SIGN AND MAIL TO CAMP OFFICE

PARENTS SIGNATURE _____

DATE _____