



2009 Camper Application (Ages 7 – 14)



CAMP WINDHOVER Summer Camp for Youths 2092 SIX MILE ROAD CRYSTAL SPRINGS, MISSISSIPPI 39059 www.campwindhover.com (601) 892-3282

I hereby apply for a reservation for _____ (name of camper) for the session(s) indicated below. I have read, and I agree to, the terms of enrollment and regulations of the camp as stated in the Camp Policies. I give permission for my child to engage in all camp activities, except as noted by me in this application. I give permission for photographs/video of my child to be used by the camp for promotional purposes. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize and/or treat my child.

I enclose a check in the amount of _____ to be credited to my camper's camp fee. (Deposit of \$250.00 must accompany application. The remainder of the fee may be paid at any time before May 1. Refund policy is stated in Camp Policies.)

Signature of Parent or Guardian

Date

On my honor, in the spirit of Camp Windhover, I promise to be trustworthy, helpful, honest, and true and to encourage others to be likewise. I also agree to abide by the rules and regulations of Camp Windhover.

Camper's Signature

Camper T-shirt size:
 Youth small Adult small
 Youth medium Adult medium
 Youth large Adult large
 Adult X-large

Please indicate the session(s) desired:

- Session One** (1 week) – June 14-20
- Session Two** (1 week) – June 21-27
- Session Three** (2 weeks) – June 28-July 10
- Session Four** (1 week) – July 12-18
- Session Five** (1 week) – July 19-25

- Mini-session One** (ages 7-8) – June 17-20
- Mini-session Two** (ages 7-8) – June 24-27

Fees:	Early Bird (app. by Feb. 15)		Regular (app. after Feb. 15)	
	<u>Ages 7-8</u>	<u>Ages 9-14</u>	<u>Ages 7-8</u>	<u>Ages 9-14</u>
Mini-session	\$300	N/A	\$325	N/A
Any one week	\$625	\$725	\$675	\$775
Any two weeks	\$1150	\$1350	\$1250	\$1450
Any three weeks	\$1950	\$1950	\$2100	\$2100
Any four weeks	\$2500	\$2500	\$2700	\$2700

Campers are ages 7-14 and have finished the 1st-8th grades. Campers may combine any two or more sessions and are welcome to stay over between sessions at no extra charge.

Parents/Guardians: _____

Home address _____

City _____ State _____ Zip _____

Mother's Cell # _____ Office # _____ Home # _____

Father's Cell # _____ Office # _____ Home # _____

E-mail Address(es) _____

If either parent is deceased, state which one _____

If mother and father do not live together, with whom does child live? _____

CAMPER INFORMATION:

Date of Birth: Month _____ Day _____ Year _____ Age at camp time _____ Sex _____

Last School Attended _____ Grade (before camp) _____

CONFIDENTIAL QUESTIONNAIRE

1. Has s/he been a camper elsewhere? _____ When? _____ Where? _____

2. Does s/he have brothers? _____ Names and Ages _____

3. Does s/he have sisters? _____ Names and Ages _____

4. To help us schedule, rank the top three (1, 2, 3) in which your camper has the most interest. Put a check in parentheses if s/he takes lessons. **The camper will not be limited to those activities marked and will be able to change after the first day.**

- | | | | |
|-----------------------|-------------------------------|----------------------------|-----------------------------|
| _____ drama () | _____ guitar, bass guitar () | _____ drums () | _____ photography () |
| _____ canoeing () | _____ mountain biking () | _____ sports () | _____ wilderness skills () |
| _____ visual arts () | _____ crafts/pottery () | _____ dance () | _____ cheerleader dance () |
| _____ archery () | _____ horseback () | _____ swimming lessons () | |
| _____ chorus () | _____ cooking () | _____ creative writing () | |

In addition to these activities, all campers may participate in free swim and lake activities.

5. Does your camper have any learning or other difficulties we should know about? Please explain.

6. What in particular do you wish your camper to gain at Windhover? _____

7. How did you hear of Camp Windhover? _____

PARENTS' COMMENTS: Please give any suggestions that will be helpful to the staff members in providing your camper a happy, worthwhile camping experience. Please include all medical information on the Health History and Examination Form.

I WOULD LIKE TO RECOMMEND THE FOLLOWING POTENTIAL CAMPERS FOR WINDHOVER. Camper's and Parents' Name and Full Address:

1. _____

2. _____

3. _____

Please mail this application, together with check for deposit and/or fee payable to CAMP WINDHOVER, to: Camp Windhover, 2092 Six Mile Road, Crystal Springs, MS, 39059.

If you have a recent photograph of your camper, please enclose it to help us match names and faces when the campers arrive.

HEALTH FORMS ARE AVAILABLE ONLINE AND SHOULD BE SUBMITTED BY MAY 1.

THANK YOU FOR TRUSTING US WITH CARE OF YOUR CHILD.