



# CAMP NEOFA

*Northeast Odd Fellows' Association  
Of the  
Independent Order of Odd Fellows*

Member Jurisdictions: CONNECTICUT . MAINE . ATLANTIC PROVINCES . MASSACHUSETTS . NEW HAMPSHIRE . QUEBEC .  
RHODE ISLAND . VERMONT

## MILITARY CAMPER APPLICATION 2017 Ages 8 - 14

All questions MUST be answered and the application signed. PLEASE TYPE OR PRINT.

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ School Grade \_\_\_\_\_  
(Last) (First) (Initial)

Address \_\_\_\_\_  
(Street Number and Name) (Apt. Number)  
\_\_\_\_\_  
(City/Town) (State/Province) (Zip/Postal Code) Telephone # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Telephone # \_\_\_\_\_

Name/Address of Lodge or  
Individual Paying Fee \_\_\_\_\_

Are you a member of this organization \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Person in the Military \_\_\_\_\_ Relationship \_\_\_\_\_  
(Relationship must be immediate family to receive discounted rate)

Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_

### RESERVATIONS

A CAMPING WEEK begins SUNDAY AT NOON, after lunch – ends SATURDAY AT NOON

A fee of \$10 per day for early drop off, late pick up, or date change

CAMP NEOFA is open for four (4) weeks

### **CHECK THE WEEK(S) THE CAMPER WISHES TO ATTEND**

Staff/CIT Week ( ) June 28 - July 1

### **FOR 8 – 14 YEAR OLDS**

1st ( ) July 2 - 8      2nd ( ) July 9 - 15      3rd ( ) July 16 - 22      4th ( ) July 23 - 29

**CAMP NEOFA RESERVES THE RIGHT TO REFUSE ANY CHILD WHOSE MEDICAL/BEHAVIORIAL  
NEEDS CANNOT BE MET**

**CAMPER FEE FOR WEEKLY SESSIONS IS \$135.00**

A transferable but Non-refundable fee of \$25.00 must accompany application along with a copy  
of Military Certificate of Service ID Card.

**INDIVIDUAL CAMPER FEES MUST BE PAID BY BANK CHECK or MONEY ORDER  
(see reverse side)**

**HEALTH INFORMATION**

Home Physician \_\_\_\_\_ Telephone # \_\_\_\_\_  
Physician's Address \_\_\_\_\_  
Name of Insurance Company: \_\_\_\_\_  
Camper's Insurance/Medicare Number: \_\_\_\_\_

**This information must be filled out in addition to the Health Application that must be filled out by Physician**

**IN THE EVENT OF ACCIDENT OR ILLNESS, INDIVIDUAL'S INSURANCE WILL TAKE PRIORITY OVER CAMP NEOFA'S INSURANCE**

*(Camp NEOFA and/or Northeast Odd Fellows' Association are not responsible for any non-work related medical expenses)*

**X** \_\_\_\_\_  
**(Parent/Guardian Signature)**

**PLEASE INCLUDE A COPY OF CAMPER'S MEDICAL CARD WITH APPLICATION**

**PARENT / GUARDIAN CONSENT**

My permission is granted herewith for the attendance of my ( ) Son, ( ) Daughter, ( ) Ward, at Camp NEOFA, Montville, Maine. Should any accident or illness befall them, I understand that proper medical attention will be given and if further participation at Camp NEOFA is restricted by the Attending Physician, I am willing that he/she be returned home at my expense. Should he/she be unwilling to cooperate and become irresponsible and/or disruptive, I authorize that he/she be returned home before the session is concluded, at my expense.

**IN THE EVENT OF AN EMERGENCY, IF YOU ARE NOT AVAILABLE, PLEASE NOTIFY:**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Signed Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signed Emergency Contact \_\_\_\_\_ Date \_\_\_\_\_

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Send completed application, holding fee (\$25) or registration (\$125), copy of camper's medical card and copy of family members Military Card to:

**BEFORE JUNE 1:**  
Alice Bennett, Office Mgr.  
PO Box 122  
Shelburne , VT 05482-0122

**AFTER JUNE 15:**  
Alice Bennett, Office Mgr.  
PO Box 101  
Liberty, ME 04949

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