

# 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, and VERMONT

### CAMPER APPLICATION 2025

### 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)

Telephone # \_\_\_\_\_  
(City/Town) (State/Province) (Zip/Postal Code)

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

Parent/Guardian Email \_\_\_\_\_

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

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

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**

#### FOR 8 – 14 YEAR OLDS

1st ( ) June 29-July 5      2nd ( ) July 6-12      3rd ( ) July 13-19      4th ( ) July 20-26

Special Offer for 2024-25 **7-year-olds** can attend camp the **1<sup>st</sup> or 2<sup>nd</sup> week.**

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

( ) RESIDENTIAL CAMP FEE \$450.00/ WEEK ( ) \$400 1<sup>st</sup> week

( ) DAY CAMP FEE \$225.00/ WEEK

A transferable but Non-refundable deposit of \$75.00 must accompany application

INDIVIDUAL CAMPER FEES MUST BE PAID BY BANK CHECK or MONEY ORDER

**(Please complete 2<sup>nd</sup> page)**

# HEALTH INFORMATION

Home Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Camper's Insurance/Medicaid Number: \_\_\_\_\_

**This information must be filled out in addition to the Health Form that must be filled out by Physician prior to coming to camp.**

**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-camp 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 \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Evening/Night Time Phone: \_\_\_\_\_

Signed Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signed Emergency Contact \_\_\_\_\_ Date \_\_\_\_\_

.....  
Send completed application, deposit (\$75) or registration (\$450 OR \$255), and copy of camper's medical card

### **BEFORE JUNE 15:**

Verna Jones  
Camp NEOFA  
11 Fred Brigham Rd.  
Phippsburg, ME 04562-4210

### **AFTER JUNE 15:**

Camp NEOFA  
Application  
PO Box 101  
Liberty, ME 04949-0101

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