



NO CHANGE CERTIFICATION

YEAR: _____

Camper Name: _____ DOB: _____ Male: ___ Female: ___

Camper Address: _____
Street City/State Zip

Parent / Legal Guardian: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____

REGISTRATION INFORMATION

Camp is \$350 per camper. **A \$50 deposit is due upon submission of this form for registration.** Registration form and deposit must be submitted in order to ensure your spot at camp. Please note: All deposits are non-refundable and non-transferable. If a cancellation is made with less than 7 days' notice, full tuition payment is still due.

TOTAL TUITION TO BE PAID: _____ - Deposit(s) _____ = Amount Due _____

PAYMENT OPTIONS: Please check off a payment method that works for you. We accept cash, check, money order, or any major credit or debit card. **NOTE:** All invoices will be sent to the email address above via PayPal unless cash, check or a money order is enclosed.

___ **Option 1:** Pay deposit by check # _____ with the final balance due 30 days before camp.

___ **Option 2:** Pay in full by check # _____ .

___ **Option 3:** Pay deposit online via PayPal with the final balance due 30 days before camp.

___ **Option 4:** Pay in full online via PayPal.

___ **Option 5:** I am including my complete application for Financial Assistance

CAMPER PARENT/GUARDIAN AUTHORIZATION:

I hereby certify that the information contained on the following forms originally submitted this year have not changed:

- **Registration Form**
- **Medical Form**
- **Medication Form***
- **Clinic Card**

All forms and policies are available for you to view on our website: www.lindseysplacecamp.com/parent-s-corner

**Please remember all medication must be in the original bottle with the current prescription label.*

Signature of Parent/Guardian

Signature of Parent/Guardian

Printed Name Date

Printed Name Date