



# CAMP BILLINGS

## 2018 Camper Registration Form

Camper Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Gender  Male  Female  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ New Camper  Yes  No  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year) School grade completed in **June 2018** \_\_\_\_\_ Age in **June 2018** \_\_\_\_\_  
Alumni information or other notes \_\_\_\_\_

Guardian1 name _____	Guardian 2 name _____
Address (if different) _____	Address (if different) _____
_____	_____
Email _____	Email _____
Telephone numbers:	Telephone numbers:
Home _____	Home _____
Work _____	Work _____
Cell _____	Cell _____

**Emergency contact information (other than guardian):**

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Non-refundable deposit (\$500 per session) is required with registration. Please make all checks payable to: Camp Billings.

(\$500 deposit/camper per session Balance is due by 4/30/18)

Please register my child for the following sessions(s):

**1st choice: (Session(s) and dates)** \_\_\_\_\_

**2nd choice: (Session(s) and dates)** \_\_\_\_\_

**3rd choice: (Session(s) and dates)** \_\_\_\_\_

### Policy of Admission

All tuition is due by April 30. The Board of Directors reserves the right to change the rates if economic conditions warrant. Parents will be given at least thirty days notice. Should the child be withdrawn for this reason, a refund of all tuition payments will be made. It is agreed that camp fees will be paid in full and in advance according to camp rules unless otherwise arranged with the registrar. The tuition deposit, required with this form, is non-refundable. In the case of any early departure, including for reasons of homesickness, no refund will be made. Parental cancellation of a child's registration must occur at least 1 month prior to the child's arrival at camp in order to allow time to fill the vacancy. Refunds will be made in accordance with camp rules.

I authorize Camp Billings to have and use all photographs, slides or videotapes of this camper as may be needed for public relations. I understand the camp reserves the right to reject any application and to dismiss any camper if necessary for the good of the camp. I agree that this camper will have a physical exam and a medical form completed by a physician. I hereby give permission for camper to participate in all camp activities and programs including out-of-camp supervised trips by camp's van or otherwise insured transportation and water-skiing when qualified. I certify that my son or daughter is amenable to discipline and free from habits or attitudes which would make his/her behavior unfit for camp. I have studied fees, refund and cancellation policy, schedules, bunk-in policy and rules and understand the contents thereof. This application has my consent and approval.

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

PLEASE RETURN TO CAMP BILLINGS REGISTRAR  
MARIANNE ST-LAURENT 311 VT-244 FAIRLEE, VT 05045  
REGISTRAR@CAMPBILLINGS.ORG