

# Camp Don Lee

315 Camp Don Lee Road, Arapahoe, NC 28510  
Phone: 252-249-1106 Fax: 888-661-9908 Email: info@donleecenter.org

## Application for Summer Camp 2012

Email, fax, or mail this application to camp. Remember to include a check for your deposit or complete the credit card information below.

*A separate application is required for each camper and for each session.*

Please Print Clearly

Camper Name: \_\_\_\_\_ Likes to be called: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street or Box Number City State Zip Code

Gender: Male/Female Grade Completed in June 2012: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Shelter Mate Preference (one only, must be mutual, same grade/gender, same session): \_\_\_\_\_

Camper T-shirt Size: \_\_\_\_\_ Camper email: \_\_\_\_\_ Camper cell phone: \_\_\_\_\_

*Please indicate session and dates in order of preference. A separate application is required for each session to be attended.*

1<sup>st</sup> Choice Camp – \_\_\_\_\_ Dates \_\_\_\_\_

2<sup>nd</sup> Choice Camp – \_\_\_\_\_ Dates \_\_\_\_\_

\_\_\_\_\_ **If the above choices are not available, please place my child on the Waiting List for my first choice.**

Parent/Guardian Name: \_\_\_\_\_ Address(if different) \_\_\_\_\_

Parent/Guardian Home Phone #: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

Dad's Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Has Any Family Member Been a Camper at Camp Don Lee before? Who? When? \_\_\_\_\_

Name & Address to send information (if different from above): \_\_\_\_\_  
Name Relationship Phone #

Mailing Address: \_\_\_\_\_  
Street or Box Number City State Zip Code

United Methodist \_\_\_\_\_ Other \_\_\_\_\_ Not a member of a church \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_ Pastor: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ I prefer that photographs, videos, and other facsimiles of my child not be used in promotional materials for camp.

I have read and understand the policies regarding cancellations and refunds as described in the materials that I have received. Please register my child for the session and date that I have indicated above.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please circle: MasterCard / Visa/Discover Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

CSV Code on back of card: \_\_\_\_\_

I give my permission for my credit card to be charged the amount of \$\_\_\_\_\_ (minimum amount required is registration deposit) to be applied toward my child's camp fee. I have read and understand the cancellation and refund policies as described in camp information that I have received. **Final Payment is due by May 1, 2012!**

Name on Card: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_