



2010 CONTRACT FOR CAMP ENROLLMENT

Check One Session • 2010 Dates • 2010 Tuition

_____ Full Season	6/21-8/12	\$7,295.00
_____ Session I	6/21-7/16	\$4,495.00
_____ Session II	7/18-8/12	\$4,495.00

(Fee Information for 2010 on Back of this Sheet)

Please enroll _____

Date of Birth _____ Age when Camp Opens _____

Grade Finishing June 2010 _____ Name of School _____

Parent or Guardian: Please complete this section the way you would like all information to be addressed (Mr. and Mrs., Dr. and Mrs, etc...). **IN ORDER FOR YOU TO RECEIVE ANY OF OUR CORRESPONDENCE, WE MUST HAVE YOUR ACCURATE E-MAIL ADDRESS. FROM THIS POINT ON, WE WILL ONLY BE USING ELECTRONIC MAIL, NO MORE SNAIL MAIL, WE ARE GOING GREEN!**

Name _____

Phone (____) _____ Fax (____) _____ **E-Mail** _____

Address _____

City _____ State _____ Zip _____

Father's Name _____ Mother's Name _____

Father's Cell Phone (____) _____ Mother's Cell Phone (____) _____

Father's Business Name and Telephone _____

Mother's Business Name and Telephone _____

Name and Ages of Other Children _____

Non-Custodial Parent _____

Address _____

Phone (____) _____ Cell Phone (____) _____

Business Name and Telephone _____

Signature of Parent or Guardian _____

(Contract is not valid unless signed on **both sides** of this agreement)

MAY 1 - SEPTEMBER 1
4985 County Road D
Eagle River, WI 54521
Ph: 715-479-CAMP
Fx: 715-479-5512



Founded in 1928 by Nate & Edna Wasserman
Camp Menominee is an accredited member of the
American Camping Association

SEPTEMBER 1 - MAY 1
1262 Arbor Vitae Road
Deerfield, IL 60015
Ph: 847-914-0992
Fx: 847-914-0994

***The most awesome summer of your life
where friends and memories last a lifetime***



TERMS AND CONDITIONS

Payment Terms

A deposit of \$1,000.00 is required with submission of this contract. The balance due must be paid by March 1st, 2010. The tuition includes laundry service, canteen and Camp DVD. Not included are charges for transportation, baggage transfer, camp wear, health insurance, special trips, spending money, prescription medication and the photo memory book. There is an additional discount of \$200.00 for each brother that attends Camp Menominee. Cancellation after December 1, 2009 will result in forfeiture of deposit. A \$200.00 processing fee will be charged for all cancellations and changes before December 1, 2009. **SWITCHING FROM A FULL SESSION TO SESSION I OR SESSION II AFTER DECEMBER 1, 2009 WILL INCUR THE FULL TUITION PLUS A \$500.00 CHANGE FEE.**

Conditions

This agreement will cover the full camp period. **NO REFUND WILL BE MADE FOR LATE ARRIVAL OR EARLY DEPARTURE.** Camp Menominee LLC is authorized to use media reproductions of any camper for its brochure or advertising.

The right is reserved to sever connections with any camper whose presence and/or behavior is determined to be detrimental to the best interest of Camp. No refunds shall be given under such circumstances. Camp Menominee LLC is not responsible for any lost or damaged personal belongings.

In case of medical emergency, every effort will be made to contact parents or guardian of the Camper. Their wishes will be carried out fully. In the event they cannot be reached, permission is hereby given to the physician selected by the Camp Director to authorize proper treatment including hospitalization, injections, anesthesia, surgery or other medical procedures required for the proper care of the Camper.

Medical and Dental expenses with request to treatment of a Camper are not included in the tuition and remain the responsibility of the parents or guardian of the Camper. Complete medical history, insurance, participation and hospital forms will be provided by Camp and must be completed by parents or guardian of the camper prior to the beginning of the camp season. **CAMPERS WILL NOT BE PERMITTED AT CAMP WITHOUT THESE COMPLETED FORMS.**

CAMP MENOMINEE MAKES NO GUARANTEES IN REGARDS TO CABIN PLACEMENT.

Enclosed is my payment for \$ _____ or charge my credit card for \$ _____

_____ Full Payment _____ Deposit

VISA _____ MasterCard _____ Discover _____ Exp. Date _____ Security Code _____

Card Number _____

Authorized Signature _____

Billing address if different from the mailing address _____

(UNLESS OTHERWISE DIRECTED, CREDIT CARD AUTHORIZATIONS WILL BE CHARGED TO YOUR ACCOUNT PER BILLING SCHEDULE)

Accepted by: _____ Date: _____
Parent or Guardian