

Frontier Camp Summer 2017 Registration



Camper Name: _____ Gender: _____ Date of Birth: _____ Grade: _____
(for 2016-2017 school year)

Contact Information

Parent Name(s): _____ Home Phone: _____
Address: _____ Cell Phone 1: _____
Cell Phone 2: _____
Email 1: _____
Email 2: _____

2017 Camp Schedule—select the session(s) your camper will be attending

Junior Weeks, ages 7-12
\$372.50 per week

Teen Weeks, ages 13-17
\$397.50 per week

- | | |
|---|---|
| <input type="checkbox"/> 2017 Junior Week 1—Homeschool (May 28-June 3) | FULL! <input type="checkbox"/> 2017 Teen Week 1—Homeschool (May 28-June 3) |
| <i>***June 4-10 is Angel Tree Week, for children with an incarcerated parent***</i> | |
| <input type="checkbox"/> 2017 Junior Week 3 (June 11-17) | <input type="checkbox"/> 2017 Teen Week 3 (June 11-17) |
| <input type="checkbox"/> 2017 Junior Week 4 (June 18-24) | <input type="checkbox"/> 2017 Teen Week 4 (June 18-24) |
| <input type="checkbox"/> 2017 Junior Week 5 (June 25-July 1) | <input type="checkbox"/> 2017 Teen Week 5 (June 25-July 1) |
| <input type="checkbox"/> 2017 Junior Week 6 (July 2-8) | <input type="checkbox"/> 2017 Teen Week 6 (July 2-8) |
| <input type="checkbox"/> 2017 Junior Week 7 (July 9-15) | <input type="checkbox"/> 2017 Teen Week 7 (July 9-15) |
| <input type="checkbox"/> 2017 Junior Week 8 (July 16-22) | FULL! <input type="checkbox"/> 2017 Teen Week 8 (July 16-22) |
| <input type="checkbox"/> 2017 Junior Week 9 (July 23-29) | <input type="checkbox"/> 2017 Teen Week 9 (July 23-29) |

*Only one camper per form. A \$200 deposit per session per camper is required to hold your camper's spot (deposit not necessary if opting for the payroll deduction). This deposit will be deducted from the over-all camp fee; but it is non-refundable and non-transferable to another camper. Space provided, you may transfer your camper to another camp session through **May 1, 2017** with no penalty. Balances are due on **May 1** and after that time all fees and deposits are non-refundable and non-transferable to another camper or another session. Please mark your camper's session carefully as there are no exceptions to this policy. A confirmation e-mail and receipt will be sent to the email address(es) listed above.*

Payment Information

Check (Check #: _____) Please attach check OR Credit Card: Visa Mastercard Discover
Card #: _____ Exp. Date: _____
CVV Code: _____ Name on Card: _____

Payroll Deduction: By signing below, I am indicating my understanding that \$186.25 for a Junior Week or \$198.75 for a Teen Week will be deducted from my paycheck **for two consecutive pay periods** in order to pay for my child's camp week. This payroll deduction option acts as the deposit.

FC Partner Company Name: _____ Employee Name: _____

Amount Paying Today: \$ _____ Signature: _____ Date: _____

131 Frontier Camp Rd.
Grapeland, TX 75844
(936) 544-3206 x5101



www.frontiercamp.org
info@frontiercamp.org
fax: (936) 546-0341