

Camp Notre Dame

2018 Resident Camp Application

Print and complete this form; mail with **\$150** deposit per camper to:

Camp Notre Dame
P.O. Box 74
Fairview, PA 16415-0074

You will receive a confirmation upon receipt of this registration form and deposit

Camper Information

Camper's Name _____

Address _____

City _____

State _____ Zip _____

Male _____ Female _____

Date of Birth ____/____/____

Age on Arrival _____ Grade Completed _____

Parent Name(s) _____

Phone # (____) _____

E-mail(required) _____

To register additional campers, please complete, print and mail a separate form for each camper.

Rates:

\$310 for first camper, first week

\$240 for each additional camper in immediate family

\$240 for each camper's additional week

\$175 C.I.T. (covers the entire cost)

Please choose the session you would like to attend. (All 7 sessions available for 7 – 14 yr. olds)

1 Sunday, June 24 – June 29

Older camper (15 – 16 yr olds)

2 Sunday, July 1– July 6

C.I.T. (17 yr olds)

3 Sunday, July 8 – July 13

C.I.T. (17 yr olds)

4 Sunday, July 15 – July 20

5 Sunday, July 22 – July 27

Older camper (15 - 16 yr olds)

6 Sunday, July 29 – August 3

7 Sunday, August 5 – August 10

Cabin Assignments

We will try to honor requests to bunk with friends
Three(3) friends per cabin, please.

Friend # _____

Friend # _____

Friend # _____

Our Camp Director assigns cabins based on each camper's age. If you'd like your camper bunked with a friend or relative who is slightly older or younger, we may be able to accommodate these requests.

For The Record

Is child a ____ first-time or ____ returning camper
How did you hear about Camp Notre Dame?

For Office Use Only

Date Received _____

No of weeks attending _____

Confirmed _____

Total fee _____

Deposit _____ Date _____

Check # _____

Balance due _____ Date _____

Check # _____