

# Camp Notre Dame

## 2017 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:

**\$295** for first camper, first week

**\$230** for each additional camper in immediate family

**\$230** for each camper's additional week

**\$150** 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 25 – June 30  
\_\_\_\_\_ Older camper (15 – 16) yr olds
- \_\_\_\_\_ # 2 Sunday, July 2– July 7  
\_\_\_\_\_ C.I.T. (17 yr olds)
- \_\_\_\_\_ # 3 Sunday, July 9 – July 14  
\_\_\_\_\_ C.I.T. (17 yr olds)
- \_\_\_\_\_ # 4 Sunday, July 16 – July 21
- \_\_\_\_\_ # 5 Sunday, July 23 – July 28  
\_\_\_\_\_ Older camper (15 - 16 yr olds)
- \_\_\_\_\_ # 6 Sunday, July 30 – August 4
- \_\_\_\_\_ # 7 Sunday, August 6 – August 11

### 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 # \_\_\_\_\_