



Camp Hidden Meadows
 HC 77 Box 117
 Bartow, WV 24920
 Phone 1-800-600-4752 or 304-456-5191
 Fax 304-456-4184

2010 Registration

www.CampHiddenMeadows.com
 Email: info@CampHiddenMeadows.com

Camper Name _____

(Please complete a separate registration form for each child)

General Camp Sessions, ages 7-16

You may combine weeks to suit your needs and receive a discount (see Camp Session Fees).

One-Week Sessions

___ June 20 - June 26
 ___ June 27 - July 3
 ___ July 4 - July 10
 ___ July 11 - July 17
 ___ July 18 - July 24
 ___ July 25 - July 31
 ___ August 1 - August 7
 ___ August 8 - August 14

Two-Week Sessions

___ June 20 - July 3
 ___ July 4 - July 17
 ___ July 18 - July 31
 ___ August 1 - August 14
 ___ June 27 - July 10
 ___ July 11 - July 24
 ___ July 25 - August 7

3-Week Sessions, 4-week Sessions and longer

Combine the above sessions and enter the dates here. _____

General Camp Session Fees

	<u>One week</u>	<u>Two weeks</u>	<u>Three weeks</u>	<u>Four Weeks</u>
Ages 7-11	\$775	\$1,450	\$2,100	\$2,700
Ages 12-16	\$875	\$1,650	\$2,400	\$2,900

- Includes white water rafting trip for ages 12-16.
- Includes choice of out-of-camp trips: Caving, Rock Climbing, Greenbrier River Rail-trail biking trip, Mountain Biking, National Radio Astronomy Observatory.
- Includes Horseback Riding instruction once per week at no additional charge.
- Additional Horseback Riding Instruction available (see next page for details).

Specialty Camps

Eligible for reduced fee when combined with one week or more of general camp.

	<u>Fee</u>	<u>Reduced Fee</u>
Girls Equestrian Camp, ages 9-14. ___ June 20-26	\$950	\$875
Rock Climbing Camp & White water rafting. Coed, ages 12-16. ___ June 27-July 3	\$950	\$875

Counselor-in-Training Program (CIT)

Four weeks, open to former campers, age 17 by June 1.

___ June 20-July 17	___ July 18 -August 14	\$1800
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PARENT QUESTIONNAIRE (TO BE COMPLETED BY PARENT)

- 1). What would you like your child to accomplish from this program? _____

- 2). How do you think your child works with others? _____

- 3). How do you think your child works independently? _____

- 4). Do you have any special concerns you would like to make us aware of _____

- 5). Will your child be attending? ___ by themselves ___ with a friend? Who? _____
- 6). Is there any additional information that you feel would assist our leaders in making this the best possible program for your child?

CAMPER QUESTIONNAIRE (TO BE COMPLETED BY THE CAMPER)

This information will be shared only with your counselors, so please feel free to be as open as possible.

- 1). What aspects of your program are you most excited about? _____

- 2). What aspects of this program are you nervous about? _____

- 3). Have you ever been to camp before? ___ Yes ___ No
If yes, what was the name of the camp? _____

TRANSPORATION (optional)

Shuttle service \$50 each way (circle one)

- | | |
|-----------------------------------|-------------------------------------|
| White Flint Mall (Bethesda, MD) | Vienna Metro Station (Vienna, VA) |
| ___ To Camp Hidden Meadows | ___ From Camp Hidden Meadows |

Airport service \$70 each way for campers flying (circle one)

- | | | |
|-----------------------------------|-------------------------------------|-------------------------------------|
| Washington Dulles Int'l (IAD) | Reagan National (DCA) | Please complete Travel Form. |
| ___ To Camp Hidden Meadows | ___ From Camp Hidden Meadows | |

Program Fees Tally

Camp Session Fees

Enter the session fees here. \$ _____

Discount Opportunities

Sibling Discount: \$50 discount applied to each additional child. \$(_____)

Super Early Bird Payment Discount: Fees paid in full by Feb. 1, 2010 10% discount \$(_____)
(Discount applies to program fee only, excludes optional activities and transportation)

Early Bird Payment Discount: Fees paid in full by March 15, 2010 5% discount \$(_____)
(Discount applies to program fee only, excludes optional activities and transportation)

Refer-a-friend discount:

You receive 5% off of your child's tuition for each family you refer whose children attend camp. Refer two families and receive a 10% discount, and so forth. Please see terms on last page of this form for further details.

Do not apply discount on this form.

Horseback riding instruction

Note: All campers participate in horseback riding once per week at no additional charge.

Optional Horseback Riding instruction includes four additional lessons per week:

Limited spaces available. First come, first serve.

One week of instruction \$100. Two weeks of instruction \$185. Additional riding fee \$ _____

Trading Post - camp store (\$35 per week suggested) \$ _____

Transportation - optional - (\$50 each way metro areas / \$70 each way Airport) \$ _____

Add 1% sales tax \$ _____

TOTAL FEES DUE \$ _____

Payment Procedures and Policies:

- \$250 Due with application.
- Balance Due by May 1st.
- Payments may be made by credit card or check.
- Upon receipt of registration, you will receive additional information to help you prepare for camp.
- Payment plans are accepted and individualized. Please contact our office to arrange.

Method of Payment

Check # _____ Visa MasterCard

Print Cardholder Name _____

Card # _____ Expiration Date _____ CVV# _____

Amount authorized to be charged to credit card. \$ _____

Cardholder's Signature _____ Date _____

Please automatically charge all future payments to this card.

I would like to use this card to pay our tuition in 6 equal payments. January - June 2010

To discuss other flexible payments plans please contact our office.

Note: For your security, credit card information is not retained by our office unless approved by you.

CAMPER INFORMATION

Camper's Name: First _____ Last _____
Name Camper likes to be called _____ Male _____ Female _____
Home Address _____
City _____ State _____ Zip _____ Country _____
Home phone _____ Date of Birth _____
Name(s) & age(s) of siblings _____
Camper E-mail Address _____
Age at start of session _____ Grade Entering (Fall 2010) _____ School _____

PARENT INFORMATION

Mother's Name _____ Email address _____
Work phone _____ Cell phone _____
Father's Name _____ Email address _____
Work phone _____ Cell phone _____
Does camper live with _____ Both parents _____ Mother only _____ Father only _____ Joint custody _____ Other _____
How did you first hear about Camp Hidden Meadows? Please specify.
Friend/Relative _____ Camp Fair _____ Internet _____
Advertisement _____ Referral Agency _____ Other _____
Bunk Request: If your son or daughter has one or two friends of the same age whom he/she would like to have as bunkmates, we will gladly consider your requests, although we can make no definite commitments : _____

Terms for the 2010 Season

Cancellations and Refund policy: For cancellations prior to May 1, the total fee, less a \$100.00 processing fee is refundable. For cancellations after May 1, the \$250 Registration Deposit is forfeited. For cancellations after June 1, the total fee is forfeited. No refunds or reductions will be made for late arrival or early departure from camp because of a parent's/camper's decision. After the June 1 cancellation deadline, fees in full or part may be refunded only in the case of serious accident or illness contingent upon the receipt of physician verification of injury/illness that precludes camp participation and at the discretion of the Camp Director.

Camper Dismissal: A camper whose behavior is disruptive to the camp program or harmful to him/herself, others, or the property of Camp or others will be dismissed at the discretion of the Camp Director with no refund of fee.

Program Cancellation: Where health and safety are at issue, at the discretion of Camp staff, programs and activities may be cancelled at any time due to inclement weather or other unanticipated circumstances of a serious matter as they arise with no refund provided.

Medical Care: Parent grants Camp permission to utilize medical treatment outside of Camp should the Camp Director(s) deem such treatment necessary for the camper's well being. Should it be necessary for the well-being of the camper to use outside medical care, all expenses involved will be paid by the Parent.

Images, etc.: Permission is given for Camp to use camper photos and/or videos of my child in promoting the Camp.

Permission to Participate: Parent grants camper permission to participate in all Camp activities and understands that accidents and injuries may occur in the natural course of participation in such activities.

Refer-a-Friend Discount: Will be applied to your account once full payment has been received from referral and not prior. One family referral equals a 5% discount on one of your child's tuition. Two separate family referrals will equal a 5% discount applied to your second child or 10% should you only have one child attending camp. Cumulative discounts (10%, 15%...) apply when referring more than one family not multiple enrollments (i.e. more than one child) from the same family. Discounts apply to enrollments for Summer 2010, not subsequent years. It is the responsibility of both families to inform camp of referral.

I/We have read, understand, and agree to abide by the contents of this application, including the **Terms for 2010 Season**.

Signature of Parent or Guardian _____ Date _____
(Please retain a copy of this page for your information and read it carefully to avoid any misunderstandings.)