FANTASY CAMP
AT CAMP MANITOU
2012 APPLICATION

PLEASE CIRCLE WHICH SESSION OF FANTASY CAMP IS BEST FOR YOU:

SAT., JULY 21ST/ 10AM-2PM SAT., JULY 28TH/ 10AM-2PM

PARENT INFORMATION:

FATHER'S NAME: _____ MOTHER'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

FATHER'S CELL: _____ MOTHER'S CELL: _____

FATHER'S EMAIL: _____ MOTHER'S EMAIL: _____

CAMPER INFORMATION:

FIRST NAME: _____ LAST NAME: _____

D.O.B: _____ GRADE COMPLETED IN SPRING 2012: _____

ACTIVITY INTERESTS (3): _____

HOW DID YOU HEAR ABOUT MANITOU?: _____

SIGNATURE: _____ **DATE:** _____

GENERAL POLICIES

IN CAST OF EMERGENCY, CAMP MANITOU IS HERBY GRANTED PERMISSION TO SECURE ANY AND ALL MEDICAL AND/OR SURGICAL TREATMENT AND HOSPITAL SERVICE THE CAMP DEEMS NECESSARY. CAMP MANITOU IS GRANTED PERMISSION TO USE ANY INDIVIDUAL OR GROUP PHOTOGRAPHS, VIDEO AND AUDIO RECORDINGS TAKEN AT CAMP OR ELSEWHERE DOCUMENTING MY CHILD(REN) IN CAMP ACTIVITIES FOR PUBLICITY AND PUBLIC RELATIONS PURPOSES. CAMP MANITOU ACCEPTS CAMPERS ON A FIRST COME, FIRST SERVED BASIS. BY SIGNING THE FANTASY CAMP APPLICATION AS A PARENT OR GUARDIAN, YOU ARE ACKNOWLEDGING AND GIVING ASSENT TO YOUR SON'S PARTICIPATION IN ALL OF THE ACTIVITIES OFFERED AT CAMP MANITOU AS SET FORTH IN THE CAMP PROMOTIONAL BROCHURE, CAMP VIDEO, NEW CAMPER INFORMATION, PARENT HANDBOOK, AND OTHER LITERATURE PROVIDED BY CAMP, UNLESS YOU SPECIFICALLY REQUEST YOUR SON NOT TO BE INVOLVED IN AN ACTIVITY.

PLEASE MAIL, FAX OR EMAIL THE COMPLETED FORM TO THE CAMP OFFICE...
WINTER (PRIOR TO 5/15): CAMP MANITOU PO BOX 5099 WESTPORT, CT 06881
SUMMER (5/15 OR LATER): CAMP MANITOU 47 CAMP MANITOU COVE OAKLAND, ME 04963
FAX (ALL SEASONS): 203.286.2555 EMAIL: MAILBOX@CAMPMANITOU.COM
WWW.CAMPMANITOU.COM 800.326.1916