



# William Lawrence Camp

2010 Enrollment Application



## Check Appropriate Session

\_\_\_ **FIRST Session (FOUR weeks): Sunday, June 27 – Saturday, July 24**  
\_\_\_ **SECOND Session (THREE weeks): Sunday, July 25 – Sunday, August 15**

\_\_\_ **FULL Season (SEVEN weeks): Sunday, June 27 – Sunday, August 15**

Two Week options (spaces limited) available for:

**NEW** junior and **NEW** middler campers (currently grades 2-7)  
\_\_\_ 6/27-7/10 \_\_\_ 7/11-7/24 \_\_\_ 7/25-8/7

**RETURNING** junior campers (currently grades 2-5)  
\_\_\_ 6/27-7/10

Name of Camper \_\_\_\_\_ Nickname: \_\_\_\_\_

Street Address \_\_\_\_\_ Camper's E-mail: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age as of 6/1/10 \_\_\_\_\_ Birthday Month \_\_\_\_\_ / Day \_\_\_\_\_ / Year \_\_\_\_\_ Grade 2010-2011 (next year) \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's/Guardian's Cell Phone: \_\_\_\_\_ Father's E-mail: \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's/Guardian's Cell Phone: \_\_\_\_\_ Mother's E-mail: \_\_\_\_\_

To whom shall correspondence be sent? \_\_\_\_\_

Who is responsible for payment under this application? \_\_\_\_\_

Returning campers: What year did he first attend? \_\_\_\_\_

New campers: How did you hear of WL Camp? \_\_\_\_\_

William Lawrence Camp accepts campers without regard to race, color, creed or national origin

### RATES

\$1,775 for two weeks, \$2,975 for four week session, \$2,525 for three week session, \$4,700 for seven weeks

This does not include the recommended \$75-\$150 account for personal activities and store purchases.

(\$100 reduced tuition for each additional family member attending for a minimum of 3 weeks; \$50 for 2-week family member)

A \$300 registration fee must be submitted with this application. The non-refundable registration fee will be credited toward the camper's tuition. Upon receipt of this application and the registration fee, the camp will forward relevant information.

I agree to pay the tuition balance due by April 1<sup>st</sup>, 2010. The person noted above is responsible for this bill, and if other than me, has also signed this application below.

I do not expect nor will I ask for a refund of any part of the tuition if this enrollment is cancelled or if the camper leaves camp before his session expires, except in case of illness incurred at camp.

While my child is at camp, or engaged in any of its program activities or trips by land or water, I assume all responsibility for accident and agree to meet all expenses incurred for special medical, surgical, and nursing care in case of illness. I agree also to abide by the decisions of the nurse and/or director on activities to be participated in by my child. I also agree to let my child's picture appear in camp promotional material.

I have read this application and agree to see that its terms are promptly and fully met.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

PLEASE ATTACH \$300 REGISTRATION FEE AND MAIL TO:

William Lawrence Camp, PO Box 52, 139 Federal Corner Rd., Center Tuftonboro, NH 03816

Tel: (603) 569-3698 Fax: (603) 569-5468 Email: [wlc@worldpath.net](mailto:wlc@worldpath.net) Website: [www.wlcamp.org](http://www.wlcamp.org)