



# Enrollment Application 2024

William Lawrence Camp is an overnight summer camp for boys ages 8 to 16.  
Please circle or highlight the session your child will be attending.

FULL SESSIONS: (Seniors must enroll for a full session)	DATES	TUITION	
		Enroll by 12/1	Regular
		*Save \$300.00*	
First Session (4 weeks):	6/23- 7/20	\$4695	\$4995
Second Session (3 weeks):	7/21 - 8/10	\$3895	\$4195
Full Season (7 weeks):	6/23– 8/10	\$7495	\$7795
TWO WEEK OPTIONS: (ONLY AVAILABLE for Juniors and Middlers)	DATES	TUITION	
		*Save \$150.00*	
Option 1:	6/23- 7/6	\$2845	\$2995
Option 2:	7/7 - 7/20	\$2845	\$2995
Option 3:	7/28 - 8/10	\$2845	\$2995
ONE WEEK STARTER PROGRAM: (ONLY AVAILABLE for NEW Juniors)	DATES	TUITION	
One Week Starter Program	7/21 - 7/27	\$1595	

### William Lawrence Camp Units

Juniors—Campers entering 3rd, 4th, 5th, and 6th grade in Fall 2024  
Middlers—Campers entering 7th and 8th grade in Fall 2024  
Seniors—Campers entering 9th and 10th grade in fall 2024

**\*\*\*SIBLING DISCOUNT OF \$200 PER ADDITIONAL CHILD WHEN ATTENDING ANY FULL SESSION\*\*\***

Upon receipt of this application and registration fee, the camp will send a confirmation notice.  
All required camper forms are now available via CampDoc.com and must be submitted to camp by May 1.  
A checklist of what to bring to camp can be found on our website.

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, I assume all responsibility for accidents 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 camp administration 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 enclosed my \$500 non-refundable registration fee credited toward tuition.

**I agree to pay the tuition balance by April 1, 2024.**

I am responsible for this bill, and I have read this application and agree to see that its terms are fully met.

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

**PLEASE INCLUDE \$500 REGISTRATION FEE (see pg. 2) AND MAIL/EMAIL TO:**



Like us on Facebook and add Bill Larry as a friend

William Lawrence Camp,  
139 Federal Corner Road, P.O. Box 52  
Center Tuftonboro, NH 03816  
Tel: (603) 569-3698 Fax: (603) 569-5468  
Email: knoll@wlcamp.org Website: [www.wlcamp.org](http://www.wlcamp.org)



**WILLIAM LAWRENCE CAMP 2024 ENROLLMENT APPLICATION- PLEASE PRINT**

Camper's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Age as of 6/1/24 \_\_\_\_\_ Birthday: Month \_\_\_\_/ Day \_\_\_\_/ Year \_\_\_\_\_ Grade 2024-2025 (**next year**): \_\_\_\_\_  
Camper's Email Address: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Relationship To Camper: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Guardian 1 Email: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship To Camper: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Guardian 2 Email: \_\_\_\_\_

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

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

- **Returning campers:** What year did your son first attend?  
\_\_\_\_\_
- **New campers:** How did you hear of WL Camp?  
\_\_\_\_\_
- **New Campers:** Do you have a cabin mate request?  
\_\_\_\_\_

**PAYMENT INFORMATION:** Application will not be processed without the \$500 **non-refundable** deposit.

**Payment Options: (Check Choice)**  Payment in full  Deposit Only  Other \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Check Number \_\_\_\_\_ Or please charge my Credit/Debit Card  
Card Information: (check):  MasterCard  Visa  Discover  AMEX  
Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CSC (3 or 4 digit code on back) \_\_\_\_\_

**NOTE: For all credit/debit card transactions there will be an additional convenience fee of 3.9%.**  
Name as it appears on card \_\_\_\_\_ Zip Code of billing address \_\_\_\_\_

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