



2009 SUMMER ADVENTURE APPLICATION FOR ADMISSION

Scholarship	_____
Amount	_____
Approved by	_____

If the tuition is paid by check or money order:
\$320 per session (\$50 deposit due with application)

If the tuition is paid by Credit Card:

\$330 per session (has to be paid all at once)

(visit our website, www.wildwoodctr.org, to pay a one time charge by credit card)

Summer Adventure sessions begin on Monday and end on Friday and are for boys and girls 8 to 14 years of age. The WOW (Women of Wildwood) session is for girls 10 to 15 years of age and begins on Monday and ends on Friday.

Please print clearly!

Parent Information

1. Family Status (circle one) Married Divorced Separated Single Mother Single Father Other _____

2. Camper is living with (circle one) Both parents Dad Mom Guardian Joint Custody

3. Custodial Parents/Guardians _____

Home Address _____
Street Address

City _____ State _____ Zip _____

Telephone #'s Home: _____ Email _____

Would you like to receive quarterly e-blast updates from Wildwood? (circle one) Yes or No

Moms Cell: _____ Dads Cell: _____

Moms Work: _____ Dads Work: _____

4. Second Parent/Guardian _____

Home Address _____
Street Address

City _____ State _____ Zip _____

Telephone #'s Home: _____ Email _____

Cell: _____ Relationship to Camper: _____

Work: _____

5. How did you hear about Wildwood? (please circle) Wildwood mailing Advertisement School Friend

Parent Authorization: I have carefully read and agree to the terms and conditions set forth on the "Terms of Enrollment" published on Wildwoods website and give my permission for my child or children to engage in all learning and recreational activities and trips at Wildwood. Further, I understand that some activities may take my child or children away from the main facility. I agree to hold the Wildwood Outdoor Education Center, Inc., its employees, officers, directors and agents harmless for any accident or injury which may occur in this program.

I also give permission for the Wildwood Outdoor Education Center to use photographs or videos taken of my child or children for promotional purposes unless otherwise instructed by me in writing.

In the event I cannot be reached in case of emergency, I hereby consent that the physician selected by Wildwood may hospitalize and secure proper treatment for my child or children, including, without limitation, order of injection, anesthesia or surgery for my child or children as named on this application. I release and hold the Wildwood Outdoor Education Center, Inc., its employees, officers, directors and agents harmless for any injury or accident to my child or children which may occur from such activity by the Wildwood Outdoor Education Center.

Please find enclosed a check or money order for \$50 or a credit card payment receipt. (Please make check or money order payable to: Wildwood Outdoor Education Center.)

"Yes, I would like to help another child attend Wildwood. Enclosed is my tax deductible contribution of _____"

Signature Required _____ Date _____

<i>Office Use Only: Payment Information</i>		
Date Rcvd _____	CK# _____	Amt _____
Date Rcvd _____	CK# _____	Amt _____
Date Rcvd _____	CK# _____	Amt _____

CAMPER ENROLLMENT FORM

SA I - June 8th to 12th

SA II - July 20th to 24th

WOW - July 27th to 31st

Camper #1

1. Name _____

First

MI

Last

2. Date of Birth ___/___/___ 3. Male Female 4. Grade (going into) _____

5. School _____

6. Race: ___ African American ___ Asian American ___ Hispanic ___ Caucasion
___ Not listed(specify) _____

7. Returning Camper (circle one) Yes No

8. Cabin Mate Request (if possible) _____

Session: (please put an X by the session or sessions you choose)

___ SA I ___ SA II ___ WOW

Camper #2

1. Name _____

First

MI

Last

2. Date of Birth ___/___/___ 3. Male Female 4. Grade (going into) _____

5. School _____

6. Race: ___ African American ___ Asian American ___ Hispanic ___ Caucasion
___ Not listed(specify) _____

7. Returning Camper (circle one) Yes No

8. Cabin Mate Request (if possible) _____

Session: (please put an X by the session or sessions you choose)

___ SA I ___ SA II ___ WOW

Camper #3

1. Name _____

First

MI

Last

2. Date of Birth ___/___/___ 3. Male Female 4. Grade (going into) _____

5. School _____

6. Race: ___ African American ___ Asian American ___ Hispanic ___ Caucasion
___ Not listed(specify) _____

7. Returning Camper (circle one) Yes No

8. Cabin Mate Request (if possible) _____

Session: (please put an X by the session or sessions you choose)

___ SA I ___ SA II ___ WOW