

SUMMER 2010 TAPAWINGO REGISTRATION FORM (for girls ages 9 to 17)

Each camper must have a separate registration form. If registering more than one, photocopy this form. See other side for mailing address.

1 CAMPER INFORMATION (Please print legibly)

Last Name _____ First Name _____
 Birthdate / / Age at Camp _____ Grade in Fall 2010 _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____
 School Name _____
 Church Name (optional) _____
 Church Address _____

First time at Tapawingo Renewal

First year at Tapawingo _____ No. of previous years at Tapawingo _____

If first time at Tapawingo, who referred you? _____

Relationship to you (be specific) _____

If you would like to share a cabin with a **friend of the same age** please indicate friend's name (one name only). _____

Note: You must check with your friend's family first, and you MUST BOTH agree before you list her name above.

2 PARENT or GUARDIAN INFORMATION

Last Name _____ First Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Cell _____ Email _____
 Relationship to Camper _____

Parents staying at CAMP-of-the-WOODS this summer. Dates _____

BILLING INFORMATION (if different from above)

Last Name _____ First Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Cell _____ Email _____
 Relationship to Camper _____

3 WAIVERS AND CONDITIONS OF ENROLLMENT

I give permission for my daughter or ward to participate in swimming at sites that are not inspected by a permit-issuing official. With the permit-issuing official's knowledge, qualified Tapawingo staff will determine the suitability of the swimming site. I understand the location of canoe trips, swimming, and hiking may be remote or inaccessible and thus prevent prompt transfer to an emergency medical health care facility.

I give permission for my daughter or ward's picture to be used on the CAMP-of-the-WOODS and Tapawingo website and promotional materials, publications and forms of communication.

All deposits are non-refundable and non-transferable. **No refunds for cancellation less than 4 weeks prior to camper's arrival.**

I have read and hereby agree with the following waivers, conditions, and policies:

Parent/Guardian Signature: _____

4 CAMPING PERIODS (Maximum of four sessions)

July 18 - July 24

July 25 - July 31

June 27 - July 3

August 1 - August 7

July 4 - July 10

August 8 - August 14

July 11 - July 17

August 15 - August 21

Counselor In Training (CIT) program information and application are on our website at: www.camp-of-the-woods.org. Click the "Tapawingo" link.

CIT Sessions:

July 4 - July 24

July 25 - August 14

5 DEPOSITS & FEES

The weekly rate of \$495.00 per camper includes meals, lodging, hiking, and most activities, excluding handcrafts & giftshop. A Deposit of \$75.00 per camper per session is due with the Application, plus a \$10.00 Membership Fee for Gospel Volunteers, Inc. The total of \$85.00 must accompany this Application for a one-week session. For multiple sessions multiply the number of sessions x \$75.00 but only pay the \$10.00 Membership Fee once.

Line #		No. of Sessions	Cost per Session	Total
1	Number of One-Week Sessions (Maximum four sessions)		x \$495.00 = \$	
2	\$75.00 Deposit due per camper, per session		x \$75.00 = \$	
3	Annual Gospel Volunteers, Inc. Membership Fee (Annual charge per camper)			\$10.00
5	Total Deposit, plus Annual Membership Fee must accompany Registration Form (add lines 2 & 3)			
6	Balance Owed after Paying Deposit [subtract line 2 from line 1]. Balance due 4 weeks prior to arrival			

6 METHOD OF PAYMENT

Check enclosed (payable to CAMP-of-the-WOODS). Full balance must be received at least 4 weeks prior to camper's arrival at Tapawingo.

MasterCard Visa Discover Card # (Print Legibly) _____ Exp. Date _____

Zip Code _____ (where you receive your credit card statement)

NOTE: Reservations must be paid in full 4 weeks prior to your camper's arrival at Tapawingo. If paying by credit card, I give permission to charge the balance of the outstanding bill to my credit card listed above 4 weeks prior to my camper's arrival at Tapawingo.

Signature (as name appears on card): _____

Date: _____

IMPORTANT INFORMATION, WAIVERS & CONDITIONS

RESERVATIONS:

- Reservations accepted in writing post-marked October 15, 2009 or later.
 - - Reservations received between October 15 and November 2 will be processed on November 2, 2009.
 - - After November 2, 2009, reservations will be processed in the order they are received.
- One form is to be used per camper. (You may photocopy the registration form.)
- No reservations accepted by **fax** or **email**.
- Weekly reservations accepted by telephone after December 1, 2009. **Deposit must be paid by credit card when making telephone reservations.**
- Limit of 4 sessions per camper.
- Rates are subject to change.
- Vacation Accident Insurance is included in all rates.

DEPOSITS & PAYMENTS:

- Proper deposit amount must be included with registration form. Remaining balance may be paid by credit card or check and may also include the camper's store and crafts account.
- Deposits are non-refundable and non-transferable when cancelling a reservation.
- Reservations must be paid in full 4 weeks prior to arrival.

CANCELLATIONS:

- All cancellations must be made by telephone and confirmed in writing.
- If cancellation is made less than 4 weeks prior to arrival, the full amount is forfeited.

TRANSPORTATION:

- If you desire a pick-up or drop-off at the Albany Airport, the fee is \$100.00 per camper, per one-way trip, subject to fuel surcharge. Call Camp Tapawingo and speak only to the Director to arrange transportation.

GENERAL INFORMATION:

- No e-mail, telephone, or fax for contacting campers. E-mail, telephone and fax only for business or emergencies.
- Tapawingo is a Christian girls' camp and all rules and regulations are for the safety and welfare of campers. To be effective we need the total support and cooperation of parents and guardians.
- Camper check-in time is Sunday 1:15 p.m. Camp ends the following Saturday morning between 9:30 a.m. and 10:30 a.m.
Note: No pets allowed on Camp grounds.
- Campers requesting to arrive on Saturday will be charged a \$70 fee subject to availability.
- Additional information will be mailed once reservations are made.

MEMBERSHIPS in Gospel Volunteers, Inc.:

- Everyone staying at Camp Tapawingo must purchase membership (once per calendar year) and adhere to all policies. Memberships are non-transferable.

Camp Tapawingo is required to be permitted to operate by the New York State Department of Health and is to be inspected twice yearly. Inspection reports concerning Camp Tapawingo are filed at the following address:

MAILING & CONTACT INFORMATION

Camp Tapawingo
P.O. Box 250, Route 30
Speculator, NY 12164-0250

Phone: 518-548-5091
Fax: 518-548-9787
Email: tapawingo@camp-of-the-woods.org