



for boys ages 7-16  
founded 1906

593 Sebago Road, P.O. Box 239 | Sebago, ME 04029 | www.campoatka.com | info@campoatka.com | PHONE (207) 787-3401 | FAX (207) 787-3930

## 2008 CAMPER APPLICATION

### CAMPER INFORMATION

I am making an application for enrollment at Camp O-AT-KA for the period of:

<input type="checkbox"/>	7 weeks (June 22-August 9, 2008)	Tuition: \$7,050
<input type="checkbox"/>	4 weeks (June 22-July 19, 2008)	Tuition: \$4,650
<input type="checkbox"/>	3 weeks (July 20-August 9, 2008)	Tuition: \$3,500
<input type="checkbox"/>	2 week Starter Program (June 22-July 5, 2008)*	Tuition: \$2,600
<input type="checkbox"/>	2 week Starter Program (July 6-July 19, 2008)*	Tuition: \$2,600
<input type="checkbox"/>	2 week Starter Program (July 20-August 2, 2008)*	Tuition: \$2,600

Campers wishing to extend their stays at O-AT-KA beyond the term indicated above will be charged \$1,100 per week.

Camp O-AT-KA has a 7 1/2 week CIT Program that is subject to invitation and application. Please contact us for an application.

\* Limited space available for all ages. Enrollment for the 2-week Starter Program is generally limited to boys new to O-AT-KA. Please call the camp to check for availability.

Camper Name:

Nickname:

Parent/Guardian Name(s):

Mailing Address:	STREET	CITY	STATE	ZIP CODE
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Phone Numbers:	HOME	CELL	WORK
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Birthdate:	M/D/Y	Grade completed as of June 30, 2008:
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Present School:

Previous Camp Experience:

How, or from whom, did you learn of Camp O-AT-KA?

If parents are separated or divorced, who has custody?

2008 will be my (#) year at Camp O-AT-KA:

### PAYMENT SCHEDULE

A \$500 deposit is required and refundable until January 31, 2008. The deposit is applied to the balance due. Four equal payments are due the 15th of November, January, March, and May.

The deposit of \$500 is part of the total tuition, which is refundable until January 31, 2008. After January 31, 2008, the deposit is not refundable. All tuition payments, less the deposit, are refundable until May 1, 2008.

Checks may be made payable to "Camp O-AT-KA". Major credit cards are accepted.

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## CERTIFICATION OF PARENT OR GUARDIAN

So that Camp O-AT-KA may provide each child maximum opportunity for personal development, I understand that in signing this application I certify that my child is healthy and free of problems that could be deleterious to his happiness or that of other campers. I give Camp O-AT-KA permission to use photos of my son in Camp publications. I agree that in the event this application is accepted and a place reserved for him at Camp O-AT-KA, he will remain in the Camp until the end of the designated period, unless he is dismissed by the Camp authorities for misconduct or for cause considered sufficient by the Camp. In case of voluntary withdrawal or dismissal, I understand that there will be no refund of Camp charges paid for the time reserved. In the event of withdrawal on account of serious illness, a pro rata refund will be made for the unexpired portion of the term.

It is my sincere wish that my son enjoy the experience afforded boys at the Camp, and I understand fully that even after reasonable precautions have been taken, many activities such as swimming, hiking, boating, or archery, etc., may involve hazards for which the Camp cannot be held responsible. In the event of apparent serious illness, I wish my child sent to a reliable hospital and skilled medical aid called at once, for which charges I shall be responsible. I authorize the medical designates of the Camp to administer any urgent or emergency treatment considered necessary by the Camp physician or medical assistants. I desire that notification of such illness be sent to me by prompt means of communication. I give Camp O-AT-KA permission to take my son on trips for off-site activities with other campers and authorize Camp O-AT-KA staff to sign any release of liability statements for my son required by vendors for such activities.

Camp O-AT-KA reserves the right to cancel this application should governmental action or other circumstances make camp operation impossible or unwise. Camp O-AT-KA also reserves the right to decline to accept an application.

I enclose the registration fee and agree to pay my son's full tuition within the terms stated in the enrollment information.

Parent or Guardian's Signature:

Printed Name:

Date:

## PLEASE USE THIS FORM TO PAY BY CREDIT CARD

Name on credit card:	Amount to be charged: \$
Credit card number:	Expiration date:
Signature:	

FOR OFFICE USE ONLY			
Date Received:	Deposit Paid: \$	Check No:	Credit Card <input type="checkbox"/>