

2022 Good Counsel Camp

Application For Enrollment

Attach
Student
Photo
Here

See Reverse For Session Fees & Discounted Payment Plan

Each session limited to 130 Campers due to bunk space

Application will not be
processed without photo

Please Check By Session (s) To Be Attended

Session 1 (13 days) Sun, June 12 - Noon Fri, June 24 _____

Session 2 (6 days) Sun, June 26 - Noon Sat, July 2 _____

Session 3 (13 days) Sun, July 3 - Noon Fri, July 15 _____

Session 4 (13 days) Sun, July 17 - Noon Fri, July 29 _____

In Between Sessions

Session (1 to 2) \$85.00 per camper _____

Session (2 to 3) \$55.00 per camper _____

Session (3 to 4) \$85.00 per camper _____

I hereby request that my child/ward be accepted for enrollment at Good Counsel Camp. I hereby consent to my child participating in the many events at camp that are described in this application and in the brochure and other promotional materials. I understand and assume the risks inherent with these camping activities, but also understand that all reasonable care and supervision will be exercised to provide for the general well being of my child.

One Form Per Camper - Please Print or Type

Today's Date ____/____/____

Camper Name _____ Nick Name Camper wishes to be called _____

Date of Birth ____/____/____ Male _____ Female _____ Age Camper will be during chosen session _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Mailing Address _____ City _____ ST _____ Zip _____

Country (if other than the U.S.) _____ E-Mail _____

Local Address (if different from above) _____

City _____ ST _____ Zip _____

School Attending _____ Church Attending _____

Parent (s) Name _____ Parent Signature _____

If possible, I request my camper to be in the same cabin with _____

Fees include: meals, housing, basic supplies, bus transportation for camp activities, laundry, accidental insurance, awards, badges, handicraft materials, etc.

Camp T-shirts will be available for purchase at \$15.00 each. If interested, please indicate campers shirt sizes below for our ordering purposes. Shirts will be available at check-in and during canteen operating hours.

Youth Size: M _____ L _____ Adult Size: S _____ M _____ L _____ XL _____ Number of shirts desired _____

This application for enrollment is to be accompanied by full payment. If you wish to register after June 1, please call to confirm available space, then send corresponding fee for appropriate number of children.

Scholarship Fund: To help support campers who would otherwise be unable to attend Good Counsel Camp due to financial reasons, I am enclosing my tax deductible donation in the amount of:

_____ \$5.00 _____ \$10.00 _____ \$15.00 _____ \$20.00 _____ \$25.00 _____ Other

I am in need of financial assistance in the amount of \$ _____.

Special Note: Cell phone, knives, hatchets, sparklers or firecrackers are not permitted. No dogs, cats, or pets are permitted. Campers may have visitors by permission only.

Campers may not be reached at camp by telephone. Only in an emergency may campers use the phone. Questions regarding the above policies will be answered by contacting the camp director.

In case of emergency when parent or guardian cannot be reached, please call

Name: _____ Phone (____) _____ - _____

Please make checks payable to: Good Counsel Camp and mail to: 4301 W Homosassa Trail, Lecanto, FL 34461. Please send inquiries and correspondence to the above address or call the business office at (352) 270-8831. Or fax to Office Fax (352) 746-2335, Camp Fax (352) 726-3212. Confirmation of Reservation is Not Made Until Completed Form with Student Photo and Full Payment are Received by the Camp Director.

Do Not Write In This Space

Session Fee \$ _____

Weekend Fee \$ _____

Amount Paid \$ _____

Check No. _____

Date Paid ____/____/____

Bal. Due \$ _____

Check No. _____

Bal. Due \$ _____

Canteen Deposit \$ _____

Boy ____ Girl ____ Age ____

Cabin No. _____

Date Accepted ____/____/____