



Photo must accompany application

Date \_\_\_\_\_ 2010 APPLICATION

I wish to Enroll for:

CHECK APPROPRIATE BOXES

**For Campers age 6-16:**

1st Session – June 13 - June 25  
 2nd Session - June 27 - July 9  
 3rd Session - July 11 - July 23  
 4th Session - July 25 – August 6

**FEE: The fee is \$2,495.00 for above sessions. (\$125.00 Discount for more than 1 Session.)**

**MINI-CAMP - Spaces are limited! For 6,7,8 yr. old campers or going into third grade. We provide the option of 1 week.**

**Mini-Camp**

A Session - June 13 - June 19  
 B Session - June 27 – July 3  
 C Session - July 25 - July 31

**FEE: The fee is \$1,345.00 for Mini-Camp.**

**PAYMENT METHOD: Please check the appropriate box.**

\$300.00 check for deposit enclosed.  
 \$600.00 enclosed if enrolling on or after February 1<sup>st</sup>  
 Entire camp fee enclosed if enrolling on or after May 1<sup>st</sup>

Charge: \$\_\_\_\_\_ on \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Subscriber Name \_\_\_\_\_ 3 digit code \_\_\_\_\_

**\*\*Please include the address and zip code for the billing of the credit card statement.**

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**Further billing requirements:**

- Additional \$300.00 due February 1st
- Balance due May 1st
- Monthly payments may be set by contacting our office

I hereby make application for the enrollment of my daughter at Camp Skyline. You will find enclosed the required \$300.00 Registration Fee which I understand will be credited to my daughter’s camp fee. An additional \$300.00 must be paid by February 1<sup>st</sup>. **The balance of the camp fee is due May 1st. NOTE THAT THOSE WHO ENROLL IN CAMP ON OR AFTER FEBRUARY 1<sup>ST</sup> WILL BE REQUIRED TO PAY \$600.00 AND THOSE WHO ENROLL ON OR AFTER MAY 1<sup>ST</sup> WILL BE REQUIRED TO PAY THE ENTIRE CAMP FEE. If balance of fee is not paid in full by May 1st, or prior arrangements made, you will lose your reservation.** A 10% discount is allowed for the 2nd and 3rd member of the family. No deduction is allowed for late arrival, leaving early, leaving because of illness, or dismissal. I agree to a processing fee of \$150.00 if cancellation is made by March 1st, \$250.00 from March 2<sup>nd</sup> up to May 1<sup>st</sup>, and no refund on registration fee on a cancellation after May 1st. IF ENROLLING BEFORE DECEMBER 1<sup>ST</sup>, YOU ARE AN EARLY BIRD and will receive a free T-shirt when you get to camp.

SHIRT SIZE: (Circle one) - Adult S M L XL Youth S M L.

NAME \_\_\_\_\_

LAST FIRST (circle name called by) MIDDLE DATE OF BIRTH AGE AT CAMP (YEARS/MONTHS)

ADDRESS \_\_\_\_\_ CITY STATE ZIP CODE

PHONE \_\_\_\_\_

AREA CODE NUMBER HEIGHT WEIGHT CHURCH AFFILIATION

PARENT E-MAIL ADDRESS \_\_\_\_\_

SCHOOL NOW ATTENDING \_\_\_\_\_ GRADE ENTERING SEPTEMBER 2010 \_\_\_\_\_

Please tell us if parents are divorced/separated/ or if either parent is deceased/who has legal custody? \_\_\_\_\_

Mail all camp correspondence and billing to: \_\_\_\_\_ Parent or Legal Guardian (Example: Mr. or Mrs. J.E. Jones, Mrs. J.E. Jones, Mrs. Evelyn Jones)

Mother’s Name \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_  
 Fax: (\_\_\_\_\_) \_\_\_\_\_

Mother’s Occupation \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_

Father’s Name \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_  
 Father’s Occupation \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Fax: (\_\_\_\_\_) \_\_\_\_\_

No. of Sisters \_\_\_\_\_ Names and Ages \_\_\_\_\_ No. of Brothers \_\_\_\_\_ Names and Ages \_\_\_\_\_

**PARENT’S AUTHORIZATION:**  
 I approve the application and the conditions listed here and in the catalog, and hereby certify that my child is of good moral character. She has permission to engage in all prescribed camp activities, except as noted by me on back page.

I give permission to allow photographs, digital images, and video footage that includes my daughter or any written material that she may write about camp to be used in Camp Skyline’s promotional material.

I agree to have my daughter, by opening day of camp, present her health examination report properly filled in by her family physician stating that she is free from communicable disease and has not been exposed to such diseases within a reasonable time prior to opening of camp. (Health forms will be mailed to parents in advance.) In the event I cannot be reached in an emergency, I hereby give permission to the physicians selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

PARENT’S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
 (PLEASE ALSO FILL IN IMPORTANT INFORMATION ON REVERSE SIDE)

Who referred you to or how did you learn about Camp Skyline Ranch: Slide show \_\_\_\_\_, Hostess was \_\_\_\_\_  
 Camp Fair \_\_\_\_\_, Where? \_\_\_\_\_  
 Internet \_\_\_\_\_, How did you find our website? \_\_\_\_\_  
 Other \_\_\_\_\_

Can Daughter Swim? \_\_\_\_\_ Last completed Red Cross Swimming Course: \_\_\_\_\_

Camp Last Attended \_\_\_\_\_ Number of years \_\_\_\_\_

This will be my daughter's \_\_\_\_\_ year at Camp Skyline. Name of Last Cabin she was in \_\_\_\_\_

What Club is she in? \_\_\_\_\_ Mounties \_\_\_\_\_ Rangers \_\_\_\_\_ Troopers.

Are you a Grand Camper? (*A Grand Camper is someone whose mother or grandmother went to Camp Skyline as a camper.*) \_\_\_\_\_

Mother's Name as a Camper: \_\_\_\_\_ Date(s) attended Skyline: \_\_\_\_\_ to \_\_\_\_\_

What Club were you in? \_\_\_\_\_

*\*\*\*If I am accepted, I promise to conform to the rules and regulations of Camp Skyline Ranch for Girls and to show a spirit of loyalty to and cooperation with the camp authorities.*

**Daughter's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SPECIAL INFORMATION:** Please relate information concerning your daughter or her personality which you think would be helpful to us. Also, please express any special desires you have for your daughter, and what you expect her to gain from her camp experience. Please Read "AN IMPORTANT NOTE REGARDING SPECIAL INFORMATION ABOUT YOUR CHILD," on last page. If your child has emotional or behavioral difficulties that inhibit her ability to interact successfully and safely in group situations, you may want to consider selecting a camp environment that is designed to meet her special needs. Contact American Camping Association @ 765-342-8456; [www.acacamps.org](http://www.acacamps.org) or Christian Camp and Conference Association @ 719-260-9400; [www.ccca.org](http://www.ccca.org) for camp guides.

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**Are there any health habits or physical problems** which will need special attention at camp? Attach letter if necessary or mail complete information with health form in May. Please Circle.

ADD/ADHD Allergies Asthma Seizures Bedwetting Diabetes Heart Condition Other: \_\_\_\_\_

Is there any activity she is NOT to participate in? \_\_\_\_\_

Requests for cabin mate 1. \_\_\_\_\_

2. \_\_\_\_\_

**CABIN REQUEST POLICY**

Campers may request 2 cabin mates **if their age and grade level allow and if all parents of campers request it.** We seek to honor non-conflicting camper requests. **We will put no more than 4 girls from the same hometown together so that no group of girls overwhelms a cabin.** We want to encourage new camp friendships. All cabin requests need to be on the application or in writing **by May 1st.** No cabin changes will be made on Opening Day.

**PLEASE SEND INFORMATION ABOUT CAMP SKYLINE TO THE FOLLOWING FRIENDS:**

Parent's Name	Child's Name	Age	Address	City	State	Zip

\*\*\*The Camp Director reserves the right to reject any application at any time if and when she feels it is in the best interest of the camp to do so.

**Return Application and Deposit to: Camp Skyline, P.O. Box 287, Mentone, AL 35984**