



# Fleur de Lis Camp

## 2011 Registration Form

Camper's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Primary Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current School \_\_\_\_\_ Grade completed by start of camp \_\_\_\_\_

Register by October 15<sup>th</sup> to be eligible to win a free week of camp!

Session	Rate	2 Week Starter Session (for first time campers age 8-12)	Rate
<u> 3 Weeks July 24<sup>th</sup> - Aug 14<sup>th</sup></u>	<u> \$2,925.00</u>	<u> 2 Weeks June 25<sup>th</sup> - July 9<sup>th</sup></u>	<u> \$2,500.00</u>
<u> 4 Weeks June 25<sup>th</sup> - July 23<sup>rd</sup></u>	<u> \$3,900.00</u>	<u> 2 Weeks July 10<sup>th</sup> - July 23<sup>rd</sup></u>	<u> \$2,500.00</u>
<u> 5 Weeks July 10<sup>th</sup> - Aug 14<sup>th</sup></u>	<u> \$4,750.00</u>	<u> 2 Weeks July 24<sup>th</sup> - Aug 6<sup>th</sup></u>	<u> \$2,500.00</u>
<u> 7 Weeks June 25<sup>th</sup> - Aug 14<sup>th</sup></u>	<u> \$5,950.00</u>		

### \*\* 10% Discount offer to NH Residents

\*A **\$350 non-refundable deposit** is required at time of registration, to be credited to tuition.

Tuition balance may be paid in three equal installments by February 15<sup>th</sup>, April 15<sup>th</sup>, and May 15<sup>th</sup> with the entire remainder plus any additional fees, including store credit due on **May 15<sup>th</sup>**.

The rates above **DO NOT INCLUDE** cost of Sr. trips, special activities, or store credit.

I have enclosed my \$350 non-refundable deposit with the application and agree to the camp rates and fees as outlined in the enrollment information above. I understand that I will not receive a refund for additional camp tuition after May 1st. In addition, I understand that no tuition adjustments or refunds shall be made should my camper be required to leave camp before her sessions expires, except in the case of injury or illness incurred at camp.

I understand that my campers's photograph may be used for camp informational and marketing purposes.

Name of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*\*Fleur de Lis Camp does not discriminate because of race, color, creed, national origin or handicap*

Returning Parents- Check here if you are willing to be a buddy family for a new camp family.

New Parents- Check here if you would like a returning buddy family to contact you prior to the beginning of camp.

Please return to: **FLEUR DE LIS CAMP, 13 HOPE ST., HOPEDALE MA 01747-1815**



*Fleur de Lis Camp*

120 Howeville Road, Fitzwilliam, NH 03447-3465

Phone and fax: 603 585-7751

Website: [www.fleurdeliscamp.org](http://www.fleurdeliscamp.org) e-mail: [information@fleurdeliscamp.org](mailto:information@fleurdeliscamp.org)





# Fleur de Lis Camp

Are parents separated/divorced? \_\_\_\_\_

## Parent 1 or Primary Contact:

Requests billing information: Yes / No  
\*please circle one

Requests general information: Yes / No  
\*please circle one

Name(s)				Relationship
Primary Address	City	State	Zip	Country
Email address(es)		Check to have electronic invoices sent to above email address _____		
Home Phone _____	Cell Phone _____		Work Phone _____	

\* Please check which contact number you prefer

## Parent 2 or Secondary Contact:

Requests billing information: Yes / No  
\*please circle one

Requests general information: Yes / No  
\*please circle one

Name(s)				Relationship
Primary Address	City	State	Zip	Country
Email address(es)		Check to have electronic invoices sent to above email address _____		
Home Phone _____	Cell Phone _____		Work Phone _____	

\* Please check which contact number you prefer

## Emergency Contact:

Name(s)				Relationship
Email address(es)				
Home Phone _____	Cell Phone _____		Work Phone _____	

\* Please check which contact number you prefer

