

CAMP GREYSTONE

Since 1920

2011 *Application*

Address: 21 Camp Greystone Lane, Zirconia, NC 28790

Web: www.campgreystone.com

Phone: (828) 693-3182 Fax: (828) 693-1562

Email: office@campgreystone.com

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|--|
| <input type="checkbox"/> JUNIOR CAMP : Monday May 30—Friday June 3
Completed grades K-4.....\$1,050 |
| <input type="checkbox"/> JUNE CAMP : Monday June 6—Friday June 24
Completed grades 1-7.....\$3,750 |
| <input type="checkbox"/> MAIN CAMP : Monday June 27—Thursday July 28
Completed grades 3-11.....\$5,250 |
| <input type="checkbox"/> AUGUST CAMP: Monday Aug 1—Friday Aug 12
Completed grades 1-6.....\$2,650 |

(Please note: You may only attend one session during the summer.)

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| <ul style="list-style-type: none"> ▶ We encourage you to register online instead at www.campgreystone.com ! ▶ Please fill out entire application and return to Greystone with a \$600 deposit ▶ Early registration is advisable—wait lists are certain ▶ Deposits are fully refundable at any time while you are on a wait list ▶ <i>Once enrolled</i>, beginning in March, you will receive all details, forms, and the opportunity to sign up for extra fee activities, (horseback riding, rafting, and waterskiing). |
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Mother's Name: _____ **Occupation:** _____
Address: _____ **City:** _____ **ST:** _____ **Zip:** _____
Home phone: _____ **Wk. ph.:** _____ **Cell ph.:** _____
Fax: _____ **Email:** _____

Father's Name: _____ **Occupation:** _____
Address (if different): _____
H. ph. (if different): _____ **Wk. ph.:** _____ **Cell ph.:** _____
Fax: _____ **Email:** _____

Parents are: Married Separated Divorced
 -Primary parent (concerning camp): _____
 -Other parent (second family) should receive (check what applies): General Mailings Invoices

Billing name & address (if different than home): _____
Emergency contacts & #s (other than parent): 1) _____ 2) _____
Church: _____ **Denomination:** _____

CAMPER'S NAME: _____ **Name she goes by:** _____
Birth date: ____/____/____ **Camper's Age:** _____ ***2010/2011 Year School Grade (Important!):*** _____
Camper's Email: _____ **School:** _____
 Has your daughter attended camp before? If so, where and for how long? : _____

Are there any physical conditions that we will need to know about? :

Diabetes: _____ Asthma: _____ ADD: _____ Heart condition: _____

Allergies: _____ Eating disorder: _____ Bedwetting: _____ Other: _____

If yes, briefly explain: _____

How did you learn about Camp Greystone? _____

Has anyone in your family been to Greystone before? Name, maiden name, relationship, address: _____

Names and ages of any sisters and camps they are attending (if any):

Name: _____ Age: _____ Camp attending: _____

Name: _____ Age: _____ Camp attending: _____

Any notes or concerns? _____

TUITION PAYMENT:

CHOOSE ONE: **Check enclosed (We will send you paper statements for future payments)**

Tuition Payment Schedule/Cancellation Policy with Paper Statements:

- ▶ \$600 due with application; Refundable through Jan. 15th, 2010 ▶ Half of remaining balance due by Jan. 15th; Refundable through March 15th ▶ Final balance due by April 15th; Refundable through May 15th

Pay by credit card: VISA, MC, AMEX, DISC

Name on card: _____ Billing address: _____

Card Number: _____ Expiration Date: _____

**You will be notified of credit card transactions via email. Please provide an email:* _____

Select payment option: Charge my card for the full camp tuition amount.

Charge my card for the remaining balance (after deposit) in 6 monthly installments, from November 1st - April 1st.

Charge my card the deposit. Send paper statements for remaining payments.

****Those paying via credit card are subject to the same cancellation policy as above.**

PARENT'S AGREEMENT

I agree to support the final decision of the directors in their cabin assignment of my daughter. I give permission for photographs and video footage of my daughter to be used by the camp for promotional purposes. It is understood that, if accepted, camp fees are: \$1,050 Junior Camp; \$3,750 June Camp; \$5,250 Main Camp; \$2,650 Aug. Camp. I agree to follow the payment schedule. I hereby give permission to the directors of Greystone to authorize the necessary medical treatment in the event of a medical emergency. *If I am available*, I understand that Greystone will always contact me before doing so.

Signature of Parent: _____

CAMPER'S AGREEMENT

If I am accepted, I promise to conform to the rules and regulations of Camp Greystone. I understand that drinking, smoking, the possession of alcohol or tobacco, and stealing result in immediate dismissal from camp.

Signature of Camper: _____