

1. CHOOSE YOUR SUMMER 2012 SESSION

- SESSION A Monday (1:00 PM), August 6 through Sunday, August 12, 2012
 SESSION B Monday (1:00 PM), August 13 through Sunday, August 19, 2012

First Time Camper? Yes - How did you hear about us? _____

Name of school(s) your child(ren) attend(s) _____



2. FAMILY INFORMATION

Contact Information:

Family Name : _____

E-mail(s): _____

Address: _____ City: _____

St: _____ Zip: _____ Home phone: _____ Cell phone: _____

List all campers in your group (including yourself)

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Emergency Contact Information (optional):

Family Name : _____

E-mail(s): _____

Address: _____ City: _____

St: _____ Zip: _____ Home phone: _____ Cell phone: _____

Please note: Campers under 21 may attend camp with a parent other than their legal parent and must complete a Guardian Permission Form. See our website www.cazfamilycamp.org to obtain the form.

3. SPECIAL MEAL REQUESTS*

Name	Vegetarian	No Dairy	No Red Meat	Allergies (please specify)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Information:

* Please note: We try to accommodate special dietary requests, but recommend you make use of our auxiliary refrigerator to store food items you bring to camp. All food brought must be placed in the refrigerator in sealed containers and be labeled with your family name.

Questions? Call (510) 658-3257 or email joelle@cazfamilycamp.org.

IMPORTANT: PLEASE COMPLETE BOTH SIDES OF THIS FORM

4. CAMPER FEES (Camper fees are based on ages as of the first day of each session).

AGES 19+	# _____ x \$745	\$ _____
AGES 6-18	# _____ x \$660	\$ _____
AGES 3-5 & SENIORS (over 65)	# _____ x \$435	\$ _____
AGES 2 & UNDER	# _____ x Free	\$ <u>0.00</u>
REGISTRATION FEE (Non-refundable)	\$55/Family	\$ <u>55.00</u>

TOTAL: \$ _____

HOUSING DISCOUNTS/ADDITIONAL FEES

Select one housing option--only one discount per group. Tent cabins and dorm rooms available on a first-come, first served basis.

- | | | |
|--|---------------------|----------------|
| <input type="checkbox"/> If you are a group of 3 or less and request a tent cabin | Add \$360 | \$ _____ |
| <input type="checkbox"/> You have 6 or more people in one tent cabin | Subtract 10% | \$ _____ |
| <input type="checkbox"/> Your group shares a tent cabin with the _____ family
(must have at least 2 in each family) | Subtract 10% | \$ _____ |
| <input type="checkbox"/> Your group will bring and sleep in a tent, an RV, or a car | Subtract 10% | \$ _____ |
| <input type="checkbox"/> You have 2-3 in your group and you would like a dorm room | No add'l fee | \$ <u>0.00</u> |

There are very few dorm rooms. Select one of the following as your second option:

- | | | |
|---|---------------------|----------------|
| <input type="checkbox"/> Share tent cabin with another small group | No add'l fee | \$ <u>0.00</u> |
| <input type="checkbox"/> Stay in tent cabin with only your group (\$360 fee added if necessary) | | \$ _____ |

FEE SUBTOTAL: \$ _____

DONATION

- | | |
|--|----------|
| <input type="checkbox"/> Please consider a tax-deductible donation to the Family Camp Scholarship Fund | \$ _____ |
| <input type="checkbox"/> Please consider a tax-deductible donation to the Lanier Pruitt Diversity Fund | \$ _____ |

TOTAL PAYMENT DUE: \$ _____

INITIAL DEPOSIT DUE WITH REGISTRATION FORM

(Please include with the registration form the \$55 registration fee and a minimum of \$100 per camper, or you may pay the total fees due).

Less Initial Deposit \$(_____)

BALANCE DUE BY JUNE 1, 2012: \$ _____

5, PAYMENT TIMELINE and METHOD

- I'll pay for our total fees IN FULL now
- I'll pay the deposit now and the balance in two more installments April 1 and June 1, 2012 (check one below):
 - Please debit my credit card for one-half the balance each on these dates
 - I'll mail my payment in on or before these dates

PAYMENT METHOD

- Enclosed is my check (made payable to CPAFC)
- Please charge my: Visa Mastercard Name on Card: _____

Card #: _____ Sec. Code: _____ Exp Date: _____

Card billing address: _____

Mail to: CPAFC, 432 60th Street, Oakland, CA 94609

6. CANCELLATION and REFUND POLICY

All requests for refunds must be made in writing to the office. Upon enrollment \$55 registration fee is non-refundable. After June 1, 2012, **THERE WILL BE NO REFUNDS GRANTED**, regardless of registration date. We suggest that you consider commercial tuition insurance.

7. THE FINE PRINT - Please read and initial here _____

I understand that a liability waiver and medical care release must be completed and returned prior to arrival at camp. CPAFC has a zero tolerance policy regarding underage drinking, illegal drugs, theft, weapons and vandalism, and campers found in violation of this policy will be asked to leave. I authorize Cazadero Performing Arts Family Camp to use photographs taken of my family at camp for promotional materials. By providing your e-mail address you may receive updates and information from us and will be included in the Camper Directory at the end of camp, unless otherwise indicated by you, but will never otherwise be sold or shared. I understand that enrollment is on a first-come, first-served basis and that wait lists will be kept in order of receipt. I have read and understand the refund policy that there are no refunds after June 1, 2012 and that schedules are subject to change.