



*summer camp for girls*

## 2018 BIRCH KNOLL FUN CAMP

# Application for Enrollment

- Deposit of \$100 required with application. Balance is due the day of camp.
- Fee does not include optional bus transportation or personal spending money.
- Birch Knoll does not provide individual accident or medical insurance.
- Confirmation and Complete information will be sent to you.

**\_\_\_ ONE WEEK SESSION: August 9-15 2018, \$595**

Camper Name \_\_\_\_\_ Grade NOW—(2017-2018) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Parents Names \_\_\_\_\_  
Mom Cell Phone \_\_\_\_\_ Dad Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Payment: \_\_\_ \$100 deposit \_\_\_ Full Payment \_\_\_ Check Enclosed \_\_\_ Credit Card  
Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ CSV Code \_\_\_\_\_  
Name on Card \_\_\_\_\_ Amount to Charge \_\_\_\_\_

### Parent Authorization:

I hereby give my daughter permission to attend Camp Birch Knoll and consent to emergency care of illness or injury if I cannot be contacted. I understand that expenses for medical care beyond the camp health center are the responsibility of the parent or guardian and that the camp does not provide accident or medical insurance. I understand that smoking, drinking, or use of drugs are not permitted and are cause for immediate dismissal from camp.

Camper Name: \_\_\_\_\_

(Check One) \_\_\_ Is able to participate in all activities offered at camp

\_\_\_ Should be restricted as follows \_\_\_\_\_

**Email to: [cbkfun@aol.com](mailto:cbkfun@aol.com) or mail to Camp Birch Knoll, PO Box 13, Stevens Point, WI 54481**