

2009 Sibling Discount Form

Camper's Name: (Last) (First) Social Security Number: Birth Date: (Required)

Parent/Guardian's Name: (Last) (First) Social Security Number:

Street Address: City: State: Zip:

Phone #1: Phone #2:

Please fill in all the items below:

(You may not apply for BOTH the Sibling Discount and Financial Assistance)

#1 Camper Name: _____ SSN# _____

#2 Camper Name: _____ SSN# _____

#3 Camper Name: _____ SSN# _____

Please check below the week(s) that sibling children will attend camp:

(Campers must be attending the same week(s) of camp to receive discount):

<input type="checkbox"/> Week 1 6/8-6/12	<input type="checkbox"/> Week 2 6/15-6/19	<input type="checkbox"/> Week 3 6/22-6/26	<input type="checkbox"/> Week 4 6/29-7/2	<input type="checkbox"/> Week 5 7/6-7/10
<input type="checkbox"/> Week 6 7/13-7/17	<input type="checkbox"/> Week 7 7/20-7/24	<input type="checkbox"/> Week 8 7/27-7/31	<input type="checkbox"/> Week 9 8/3-8/7	<input type="checkbox"/> Week 10 8/10-8/14

Please list any special circumstances regarding your sibling discount application:

(You may attach additional pages if necessary)

I certify that the above listed children are siblings and reside in the same household.

Parent Signature: _____

Date: _____

For Office use only:

ID Camper 1 _____

Received by: _____

ID Camper 2 _____

Entered by: _____