

CAMP ATLANTIC

The Beach Camp



Camp Atlantic
P.O. Box 7273
Mclean, Virginia 22106-7273

Tel: (703) 863-9485
www.campatlantic.org
campatlantic@cox.net

Session and Financial Agreement Form

Name of Participant: _____

Address: _____

Telephone: _____ Cell Phone: _____ Work Phone: _____

E-Mail: _____ Fax: _____

Date of Birth: ____ / ____ / ____ Age: _____

Social Security # _____ - _____ - _____ T-Shirt Size: _____

Please put a check next to selected dates and fees as listed below:

Summer Sessions: \$2,800 per person per two-week session

_____ Session I - June 25, 2017 to July 9, 2017

_____ Session II - July 9, 2017 to July 23, 2017

_____ Session III - July 23, 2017 to August 6, 2017

_____ Session IV - August 6, 2017 to August 20, 2017

Fees:

Summer Camp Fee (Number of Sessions: _____ x \$2,800) = \$ _____

Transportation Fee (Optional)

Transportation fee is \$50 for transporting participant to OR from camp and \$100 for transporting participant to AND from camp = \$ _____

Discount

5% discount for fees paid in full by March 15, 2017 = \$ _____

SUMMER PROGRAM TOTAL DUE = \$ _____

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DEPOSIT PAYABLE UPON REGISTRATION:

Summer Program

Number of Sessions: _____ x \$500.00 per two week session = \$ _____ Deposit

BALANCE DUE IN FULL BY MAY 15, 2017

Deposits are non-refundable. Fees less the deposit will be refunded if a participant withdraws prior to May 1, 2017. All fees must be paid in full prior to a participant's arrival. Unless special arrangements are made with the Director prior to a participant's scheduled arrival date, fees will not be refunded if a participant arrives after the start of a session, withdraws after May 1, 2017 or is requested to leave because of behavioral or health issues.

MEDICAL: Parent or guardians are responsible for all medical expense(s) of the camper. Expenses for pre-existing condition(s) and medication(s) shall be pre-paid. All medicines shall come with original prescription bottles.

MISCALANEOUS: All clothing and personal items should have the participant's name.

I HAVE READ AND AGREE TO COMPLY WITH THE CONDITIONS STATED ABOVE

Signature (Director) _____ Date _____

Signature (Parent / Guardian) _____ Date _____

Please Complete and Send to:

Tom Ingoldsby
Camp Atlantic
P.O. Box 7273
McLean, Virginia 22106