

# CAMP ATLANTIC

The Beach Camp



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

Tel: (703) 863-9485  
[www.campatlantic.org](http://www.campatlantic.org)  
[campatlantic@cox.net](mailto: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** = \$ \_\_\_\_\_

# CAMP ATLANTIC

The Beach Camp



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

Tel: (703) 863-9485  
[www.campatlantic.org](http://www.campatlantic.org)  
[campatlantic@cox.net](mailto:campatlantic@cox.net)

## 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