



www.campcrosse.com

Send Enrollment Form to:
 Camp Crosse
 132 Anza Street
 San Francisco, CA 94118

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|--------------------|-------------------|------------------------|
| Please circle one: | <u>Day Camper</u> | <u>Boarding Camper</u> |
| | \$495.00 | \$750.00 |

Scholarships are available!

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|---|--------------------------|
| Camper Name (first & last): | |
| Entering Grade: | Years playing lacrosse: |
| School: | |
| Roomate request (boarders only): | |
| 1. | |
| 2. | |
| 3. | |
| Parent(s) Name(s): | |
| <u>Active email address:</u> (this will be used for confirmation of enrollment and payment) | |
| Address: | City/State/Zip: |
| Home phone: | Cell phone: |
| Emergency contact: | Emergency contact phone: |

I am enclosing full payment or a deposit of \$350.00. **Please make checks payable to Camp Crosse.** It is my understanding that the balance of the fee is to be paid no later than May 15, 2009. Unless other arrangements have been made, the registration fee will be refunded only in case of illness. The camp director reserves the right to refuse an application or dismiss a child from camp without refund for misconduct or inappropriate behavior. In case of cancellation, the application fee will be refunded less a service charge of \$50.00, only when written notice of cancellation is received by the director on or before May 1, 2009. In case of accident or sickness, Camp Crosse has my permission to secure such medical attention for my child as is deemed necessary, and we as parents will be responsible for any medical bills incurred.

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| Signature of Camper: |
| Signature of Parent/Guardian: |