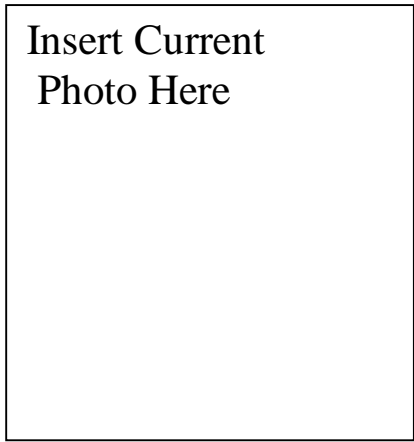




Application Form Summer 2010  
**August 1 -19 2010**



Camp Soveya 1-888-8-SOVEYA  
6209 Western Run Drive Fax 443-379-0665  
Baltimore, MD 21209 Email: info@soveya.com

Date \_\_\_\_\_

**CAMPER INFORMATION**

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_

Current School \_\_\_\_\_ School Principal's Name \_\_\_\_\_ Principal's Home Phone Number \_\_\_\_\_

Last 3 Camps that you attended \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Medical conditions \_\_\_\_\_

Food Allergies \_\_\_\_\_ Medications and Nutritional supplements you are taking \_\_\_\_\_

**FAMILY INFORMATION**

- Rabbi
- Mr.
- Dr.
- Mrs.
- Dr.
- Married
- Widowed
- Divorced

Last Name \_\_\_\_\_ Father's First Name \_\_\_\_\_ Mother's First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Emergency Contact Name if Parents Cannot Be Reached \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Summer Phone Number \_\_\_\_\_ Home Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_ Business Phone \_\_\_\_\_



## **FEES DUE**

\$2,200 Total Camp Fee

(Includes all food and snacks, linens, housekeeping service, trips, and activities. Does not include laundry, medical expenses, tips for counselors, or transportation to/from camp.) If you would like to request a partial scholarship, please check here . Please note that scholarships are not guaranteed and are based on financial need only.

## **PAYMENT POLICY:**

A deposit of \$600 per camper must be submitted with your application. Enclose your deposit check or supply your credit card information.

Payment in full must be received by June 1, 2010. Failure to do so can result in the cancellation of your registration.

- Option 1 – Post-Dated Checks.** All post-dated checks must be received by June 1, 2010.
- Option 2 – Credit Card:** If you choose this option, you authorize Camp Soveya to charge your credit card .

Deposit of \$600 x \_\_\_\_\_ Campers = \$\_\_\_\_\_

Check enclosed     Charge my:     Visa     MasterCard     Discover     Amex

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Code on Back of Card \_\_\_\_\_

1. Return this application with a \$600 deposit for each camper registered.
2. Upon acceptance, you will receive a confirmation finalizing your registration.
3. Return your completed application to:  
**Camp Soveya, 6209 Western Run Drive, Baltimore, MD 21209.**
4. Faxed applications cannot be accepted unless accompanied by a credit card deposit.  
**Fax to 443-379-0665.**

## **CANCELLATION AND REFUND POLICY:**

Any total or partial cancellation until April 15, 2010 is refundable in full. Cancellations from April 15 – May 15 will result in a \$250 cancellation fee. Cancellations after May 15, 2010 – No Refund.

## **TRIP/ACTIVITY AUTHORIZATION/HOLD HARMLESS AGREEMENT:**

By completing and signing this application, I hereby authorized Camp Soveya (hereinafter Camp) to take my child(ren) off camp grounds to go on trips organized as part of the camping program. This may include swimming and/or boating sites. In addition, my child(ren) may participate in any activity organized by Camp, including but not limited to land sports, waterfront activities, indoor activities, hiking, cookouts, etc. and I assume the inherent risk of such activities and camp programs. I will hold Camp harmless in the event of injury or property damage or loss as a result of such activities. I also agree to abide by all rules and regulations as set forth in the camp applications, in the directory of information and by the camp administration.

## **SIGN AND RETURN**

I have read the camp cancellation and refund policy and the camp "Trip/Activity/Authorization/Hold Harmless Agreement" and agree to all its conditions and terms.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_