

INDIAN TRAILS CAMP

2012 Winter/Spring RESPITE APPLICATION

NAME: _____ DOB: ____/____/____

ADDRESS: _____ PH #: ____-____-____

_____ EMAIL: _____

Ethnic Background _____ COUNTY _____
(optional – for grant writing purposes)

Deposit Enclosed \$ _____ or Name of Agency _____

LEVEL OF CARE 1 2 3

Has camper attended Indian Trails Camp before? Yes No

Did you submit current medical forms dated less than 12 months from respite date? Yes No (if no, you will need to submit updated medical form prior to the respite)

SESSIONS

| | <u>SESSION</u> | <u>THEME</u> | <u>DATES</u> |
|-------|----------------|--------------|--------------|
| _____ | FEBRUARY 2-DAY | Valentine's | 2/10 – 2/12 |
| _____ | FEBRUARY 2-DAY | Casino Night | 2/24 – 2/26 |
| _____ | MARCH 2-DAY | Shamrocks | 3/9 – 3/11 |
| _____ | APRIL 2-DAY | Earth Day | 4/20 – 4/22 |
| _____ | MAY 2-DAY | May Flowers | 5/4 –5/6 |
| _____ | May 2-Day | ITC Idol | 5/18-5/20 |

Check in times for respites are 3:00pm-5:00pm.

Pick up time is 11:00am-12pm.

Final acceptance will be sent upon receipt of Application, Financial form and deposit. Required paperwork includes a completed application, financial form, level of determination form, current physical form and copy of insurance card.

**Indian Trails Camp
2012 Winter/Spring Respite Financial Form**

CAMPER NAME: _____ AGE _____ COUNTY: _____

RESPITE DATES (select sessions to attend) _____ FEB 10-12 _____ FEB 24-26 _____ MAR 9-11
_____ APRIL 20-22 _____ MAY 4-6 _____ MAY 18-20

___ LEVEL ONE \$254.00 2-day, \$381.00 3-day, \$762 6-day

___ LEVEL TWO \$372.00 2-day, \$558.00 3-day, \$1,116 6-day

___ LEVEL THREE \$512.00 2-day, \$768.00 3-day, \$1,536 6-day

*If at any time after receipt of this form and camper application, the Camp Director and/or
Health Director find the camper to be at a different level than indicated,*

ITC reserves the right to make the appropriate change. In the event of a change, the camper and or family will be notified.

TOTAL DUE \$ _____ = _____ 2-day @ \$ _____ a session + 3-day @ \$ _____ + 6-day @ \$ _____

- DEPOSIT \$ _____ Chk # _____ or _____ Credit Card

BALANCE DUE \$ _____

A) PARENT, GUARDIAN OR SELF WILL PAY BALANCE. INCOMING DAY OR \$ _____ EVERY _____

B) CREDIT CARD PAYMENT ___ VISA ___ MASTERCARD SECURITY CODE _____ EXP ____/____

CARD NUMBER _____ - _____ - _____ - _____ ZIP CODE _____ Street # _____

NAME AS IT APPEARS ON CARD _____ Ph # _____ - _____ - _____

C) Bill Organization: _____
Name address Ph #

Attention _____ Amount to be paid: \$ _____, _____ Before _____ After Session

D) Scholarship Requested in the amount of \$ _____ for the following reasons: (check all that apply)

Financial Considerations: _____ Low family income _____ Live independently _____ Unemployed

Special Circumstances: _____ Hospitalization/major medical _____ Unexpected hardship _____
(explain)

Scholarship funds are allocated on availability & need. Amount requested may not be amount allocated. In order to be considered for a scholarship, you must complete the new Scholarship Request Form (page 3). You will be notified of scholarship granted with your final acceptance.

X _____
Signature of parent, guardian or camper

____/____/____
Date

Check in times for respites are 3:00pm-5:00pm. Pick up time is 11:00am-12pm.



Indian Trails Camp Scholarship Request Form

Questions for Camper:

Why do you like coming to Indian Trails Camp?

Why is Indian Trails Camp so important in your life?

Questions for Guardian:

Why is Indian Trails Camp so important in your life?

Any other comments you would like to share?
