



# OVERNIGHT

## *Arrowhead Day Camp*

### APPLICATION FORM



Camper: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Session: \$395 per weekend (\$75 non-refundable)

Overnight Weekend #1 (July 14th-16th)    Overnight Weekend #2 (August 4th-6th)

Bunkmate Request: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone# \_\_\_\_\_  
(This is the person we will contact should parents be unavailable that weekend)

Name of person picking up on Sunday (if other than parent or legal guardian)

\_\_\_\_\_

Will your child require medication other than what camp has on file?     Yes     No  
If yes, please specify name of medication and dosage information.

\_\_\_\_\_  
\_\_\_\_\_

Has your child slept away from home before? (circle one)    YES    NO

Is your child afraid of the dark? (circle one)    YES    NO

Comments/Concerns

\_\_\_\_\_  
\_\_\_\_\_

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

\*This application is not valid unless signed and accompanied by a full payment of  
\$395.00/weekend

*Space is limited! All overnights will be accepted on a first come/first serve basis.*