

OVERNIGHT

Arrowhead Day Camp

APPLICATION FORM



Camper: Last Name _____ First Name _____

Session: \$375 per weekend (\$75 non-refundable)

Overnight Weekend #1 (July 8th-10th)

Overnight Weekend #2 (July 29th-31st)

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
\$375.00/weekend

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