

**CAMP ECCHOH (Echo) – at The Elaine Clark Center  
APPLICATION**

(Please use a separate form for each camper)

Camper's First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**PROGRAM WEEK(S) DESIRED:**

**2010 Camp Schedule (Camp fee is \$165/week)**

\_\_\_ **Week 1** - May 24-28      \_\_\_ **Week 2** - June 1-4      \_\_\_ **Week 3** – June 7-11  
\_\_\_ **Week 4** - June 14-18      \_\_\_ **Week 5** – June 21-25      \_\_\_ **Week 6** - June 28-July 2  
\_\_\_ **Week 7** – July 5-9      \_\_\_ **Week 8** – July 12-16      \_\_\_ **Week 9** – July 19-23  
\_\_\_ **Week 10** – July 26-30      \_\_\_ **Week 11** – August 2-6

**Registration forms are due by May 14, 2010.**

**Important: First time campers through the Elaine Clark Center and Heart of Hope Academy will require an assessment by May 19, 2010**

**Primary Family Contact (Parent or Guardian)**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you learn about our program?: \_\_\_\_\_

**Contractual agreement between Camp ECCHOH and Camper's Parent/Guardian**

I have enclosed \$100.00 fee per application (**non-refundable, non-transferable**) which applies toward the camp fee. The total balance is due by the first day of camp. I understand there are no refunds for late entrances or early withdrawals, voluntary and involuntary. Loss of fees due to illness extending over one week will be shared equally by parents and Camp ECCHOH. **I will submit a health history and medical release form supplied by Camp ECCHOH to them by May 21, 2010. Failure to do so will impede child's ability to attend camp.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_