

Sheldon Calvary Camp 2024 Application

Camper's name _____
Last, First, Middle initial (Please print)

Address _____

City, State, Zip _____

Home phone _____ Email _____

Birth date _____ Age (On 6/1/2024) _____

Gender _____ Grade completed as of June 2024 _____ School _____

Camper's Religious Affiliation _____ Parish (if Episcopal) _____

Cabin mate Request **please see policy below for details* _____

Has child attended Calvary Camp before? Yes No If yes, please list years _____

Parent/Guardian 1 name _____ Home phone (if different) _____

Address (if different) _____

Work phone _____ Cell phone _____ Email _____

Parent/Guardian 2 name _____ Home phone (if different) _____

Address (if different) _____

Work phone _____ Cell phone _____ Email _____

Emergency Contact _____ Relationship to camper _____

Address _____ Home phone _____

Work phone _____ Cell phone _____ Email _____

- Session I June 23 - 29 (One Week) \$675
- Session II June 30 - July 6 (One Week) \$675
- Session III July 7 - 13 (One Week) \$675
- Session IV July 14 - 27 (Two Weeks) \$1,400
- Session V July 28 - Aug 3 (One Week) \$675

Cabin mate request: _____

Parent/Guardian sign here _____ Date _____

Application and Admissions Policy - No Exceptions:

- Sessions will be filled beginning with applications **postmarked on or after January 4, 2024**.
- A **non-refundable** deposit of \$75 per week must be included with this completed application form. Indicate the child's full name in the memo section of all checks written to the camp.
- Full payment for camp must be received by **June 1, 2024**.
- If your plans change, you must contact the camp to cancel the camper's registration. Please let us know as soon as possible so that we may offer a space to another camper.
- Within the limits of space and camper ages, we make every reasonable effort to accommodate one request for campers to be together in a cabin. Requests will be honored only when the request is made on BOTH camper applications.
- No one shall be denied admission to camp(s) or to the benefits of our U.S. Department of Agriculture Child Nutrition program(s) because of race, color, national origin, sex, handicap or age.
- Please use a separate Application Form or photocopy for each camper.

Return this application with deposit fee to the Calvary Camp office. Make checks payable to: **Sheldon Calvary Camp**

Sheldon Calvary Camp
4411 Lake Road
Conneaut, OH 44030
(440) 593-4381