Sheldon Calvary Camp 2025 Application

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

Address _____

City, State, Zip _____

Home phone _____ Email _____

Birth date _____ Age (On 6/1/2025) _____

Gender _____ Grade completed as of June 2025 _____ 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 22 - 28	(One Week)	$710
❑ Session II	June 29 – July 5	(One Week)	$710
❑ Session III	July 6 – 12	(One Week)	$710
❑ Session IV	July 13 – 26	(Two Weeks)	$1,470
❑ Session V	July 27 – Aug 2	(One Week)	$710

Cabinmate request: _____

Parent/Guardian sign here _____ Date _____

Application and Admissions Policy – No Exceptions:

1. Sessions will be filled beginning with applications **postmarked on or after January 3, 2025.**
2. 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.
3. Full payment for camp must be received by **June 1, 2025**.
4. 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.
5. 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.
6. 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.
7. 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