

Campers name \_\_\_\_\_

## DGES Summer Camps at Devil's Gulch Ranch 2011 Registration Form

Duplicate this form for additional campers; keep a copy for your records. **Please print clearly**

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

Nickname \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at time of Camp \_\_\_\_\_ Gender:  Male  Female

Shirt Size \_\_\_\_

Parent/Guardian: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Physical Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different:

Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Names of siblings attending camp: \_\_\_\_\_

Where did you find out about Camps at Devil's Gulch Ranch?

\_\_\_\_\_

What 3 activities at camp does your child most want to do?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Has this child ever been at a Camp at Devil's Gulch Ranch before?  Yes  No

If so, what year? \_\_\_\_\_

Does your child have any health issues or other concerns that our staff needs to be aware of?

Yes  No If yes, please explain on the back.

Does your child need any special accommodations?  Yes  No If yes, please explain on the back

Does your child take any medication on a regular basis which we need to be aware of?

Yes  No If yes, please indicate \_\_\_\_\_

|  |   |                         |
|--|---|-------------------------|
| <b>Basic Agriculture/Nature Day camp</b><br><br><b>Ages 6-13</b><br><b>Check weeks of participation</b><br><br><input type="checkbox"/> June 13 – June 17<br><input type="checkbox"/> June 20 – June 24<br><input type="checkbox"/> June 27-July 1<br><input type="checkbox"/> July 4- July 8<br><input type="checkbox"/> July 11-July 15<br><input type="checkbox"/> July 18-July 22<br><input type="checkbox"/> July 25-July 29<br><input type="checkbox"/> August 1-August 5<br><input type="checkbox"/> August 8 – August 12 | <b>Weeks of LIT participation in Day Camp. Must attend LIT training before attendance.</b><br><br><input type="checkbox"/> June 13 – June 17<br><input type="checkbox"/> June 20 – June 24<br><input type="checkbox"/> June 27-July 1<br><input type="checkbox"/> July 4- July 8<br><input type="checkbox"/> July 11-July 15<br><input type="checkbox"/> July 18-July 22<br><input type="checkbox"/> July 25-July 29<br><input type="checkbox"/> August 1-August 5<br><input type="checkbox"/> August 8 – August 12 | <b>Office use only.</b> |
|--|---|-------------------------|

If any of the weeks you marked above are full, please indicate your choice:

- Put me on the waiting list                       Return my registration  
 Register for an alternate week \_\_\_\_\_1st alt. \_\_\_\_\_2nd alt.

Would you like to have your email included on a car pool list?    Yes  No

| # of weeks   | Cost for session | x | # of sessions       | = | Amount |
|--|------------------|---|---------------------|---|--------|
| Registration before April 15 <b>Day Camp</b>             | \$440            | x |                     | = |        |
| Registration before April 15 <b>Day Camp, returning*</b> | \$425            | x |                     | = |        |
| Registration after April 15 <b>Day camp</b>              | \$465            | x |                     | = |        |
| Registration after April 15 <b>Day camp, returning*</b>  | \$450            | x |                     | = |        |
| LIT Training   | \$100            | x |                     | = |        |
| LIT Participation  | \$425            | x |                     | = |        |
|  |                  |   | <b>Total Amount</b> | = |        |

\*For those who attended camp in previous years, or for subsequent sessions if a new camper is attending two or more sessions this year.

***Make check payable to DGES & mail to P.O. Box 557, Nicasio, CA 94946***