

FORM A-Teen Leaders - RETURN WITH FORMS B, C, D, E, F, G

TL CAMP APPLICATION - 2010 - WINDHAM-TOLLAND 4-H CAMP

Camper's Name (Last Name) _____ (First Name) _____

Address _____, Town _____, State _____, Zip Code _____

Boy ____ Girl ____ Date of Birth (Month, Day, Year) _____ Age _____ School Grade in Sept., 2010 _____

Parent/Guardian's Name _____ Address (if different from above) _____

Home Phone (____) _____ Work Phone (____) _____ **E-MAIL ADDRESS:** _____

If parents cannot be reached in case of emergency, please contact: _____

Home Phone (____) _____ Work Phone (____) _____

Please circle your choice below:

Open to teens who have completed the 9th, 10th, or 11th grades. TL's must attend training offered week #1, June 27th – July 2nd, 2010. TL's and advanced TL's will pay \$380 for the training week and \$200 for each additional week. All TL's are eligible to attend all weeks but still must earn week #7, To request week #7, you must attend at least one prior week before week #6. Week #7 must be paid in full; however, should you not be selected to attend week #7, a refund in full of \$200 will be returned to you.

RESIDENT CAMP June 27-July 2 (WK 1) <i>Red Sox vs. Yankees</i>	TEEN LEADER
RESIDENT CAMP July 4-July 9 (WK 2) <i>Childhood Movies</i>	TEEN LEADER
RESIDENT CAMP July 11-July 16 (WK 3) <i>Board Games</i>	TEEN LEADER
July 17-July 18 (RESIDENT CAMP ONLY)	Stayover Weekend NOT AVAILABLE TO TEEN LEADERS
RESIDENT CAMP July 18-July 23 (WK 4) <i>Around the World Cuisine</i>	TEEN LEADER
RESIDENT CAMP July 25-July 30 (WK 5) <i>Capture The Flag</i>	TEEN LEADER
RESIDENT CAMP August 1-August 6 (WK 6) <i>Hollywood</i>	TEEN LEADER
RESIDENT CAMP August 8-August 13 (WK 7) <i>Carnival</i>	TEEN LEADER

A CONFIRMATION LETTER TO EACH CAMPER WILL BE MAILED AFTER YOUR REGISTRATION IS PROCESSED.

I understand that a refund of my deposit (except for a \$50 processing fee) will be given only if my cancellation is made 10 days prior to check-in date and also that a \$50 processing fee will be charged for each/any session change. I also understand there are NO REFUNDS FOR EARLY DISMISSAL DUE TO HOMESICKNESS, MISCONDUCT OR MEDICAL REASONS.

PAYMENT METHOD: A \$50.00 deposit for each camper per week per session is required.

- Check/ money order enclosed payable to: **Windham-Tolland 4-H Camp.** Amount: \$ _____
- VISA/MasterCard # _____ Exp. Date _____ Amount: \$ _____
- I authorize the balance to be charged to my credit card on May 31st, 2010. (Please check if desired.)

Signature of Parent/Guardian

Cardholder Signature/Parent/Guardian

Date _____