



2019-2020 Weekend Camp Session Sign-Up Form

Foundation for Dreams - 16110 Dream Oaks Place, Bradenton, FL 34212

Phone: 941-746-5659 - Fax: 941-745-1409

Submit via email to: registration@foundationfordreams.org

YOUR CHILD WILL NOT BE REGISTERED UNTIL A \$50 NON-REFUNDABLE FEE IS PAID

An annual up to date physical **MUST** be turned in 2 weeks prior to camp.

CAMPER INFORMATION

How did you hear about us? _____ Returning Camper New Camper

Camper Name: _____ Sex: _____ Height: _____ Weight: _____

Date of Birth: _____ Age: _____ Ethnicity: _____

Disability/Primary Diagnosis: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Parent/Guardian: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Recent illness, injury, or behavioral change: _____

2019-2020 WEEKEND CAMP SESSIONS

Weekend Camp: Friday 6:00 PM through Sunday 10:00 AM

**** Day Camp 8 am-8 pm**

Please check the desired sessions below

**\$250 per
Weekend Session**

**** \$125 for
Day Session**

<input type="checkbox"/> Session 14 Aug 23-25, 2019	<input type="checkbox"/> Session 4 Dec 13-15, 2019	<input type="checkbox"/> Session 10 April 3-5, 2020
<input type="checkbox"/> Session 15 Sept 13-15, 2019	<input type="checkbox"/> **Session 5 Dec 21, 2019	<input type="checkbox"/> Session 11 April 17-19, 2020
<input type="checkbox"/> Session 16 Sept 27-29, 2019	<input type="checkbox"/> Session 6 Jan 17-19, 2020	<input type="checkbox"/> Session 12 May 8-9, 2020
<input type="checkbox"/> Session 1 Oct 11-13, 2019	<input type="checkbox"/> Session 7 Feb 14-16, 2010	<input type="checkbox"/> Session 13 Sept 4-6, 2020
<input type="checkbox"/> Session 2 Oct 25-27, 2019	<input type="checkbox"/> Session 8 Feb 28-Mar 1, 2020	
<input type="checkbox"/> Session 3 Nov 15-17, 2019	<input type="checkbox"/> Session 9 Mar 13-15, 2020	

BILLING AND PAYMENT

Check the desired payment option below. Pay by credit card below or make check payable to **Foundation for Dreams**

Payment Option 1 – FULL PAY
I have included full payment per camp session. A \$50.00 portion is non-refundable.

Payment Option 2 – PARTIAL PAY
I have included a \$50.00 non-refundable payment to be applied to the total cost of each camp session. The balance remaining will be paid in full prior to the start of camp.

Payment Option 3 – SCHOLARSHIP/FINANCIAL ASSISTANCE NEEDED
I have a low income or financial hardship and have submitted the attached Scholarship Application Form.
I have included payment of the non-refundable \$50.00 for each camp session.
I have submitted the most recent proof of income for my **HOUSEHOLD**.

<input type="checkbox"/> Payment Option 4 – OUTSIDE FUNDING I will be receiving funding through an outside source to pay I understand I am responsible for payment for any agency funding which is not obtained. (You MUST provide contact information)	Agency: _____ Agency Contact Person: _____ Agency Phone: _____ Contact Email: _____ Agency Address: _____
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CREDIT CARD PAYMENT

Name on Card: _____	Total To Be Paid: _____
Street Number: _____	Zip Code (required): _____
Card Number: _____	Card Expiration Date: _____

PLEASE READ AND SIGN: I acknowledge that acceptance into a desired camp session(s) is NOT guaranteed and is contingent upon space availability. Signature: _____ Date: _____