



DREAM OAKS CAMP SESSION SIGN UP FORM – WEEKENDS

Please select from the following dates and submit via email to mpasko@foundationfordreams.org or via fax to 941-745-1409 to reserve your camp session

- | | |
|--------------------------|----------------------------------|
| ___ August 25-27, 2017 | ___ February 2-4, 2018 |
| ___ September 8-10, 2017 | ___ February 16-18, 2018 |
| ___ October 6-8, 2017 | ___ March 16-18, 2018 |
| ___ October 20-22, 2017 | ___ April 20-22, 2018 |
| ___ November 3-5, 2017 | ___ May 4-6, 2018 |
| ___ December 8-10, 2017 | ___ August 17-19, 2018 |
| ___ January 5-7, 2018 | ___ August 31- September 2, 2018 |
| ___ January 19-21, 2018 | |

Camper's Name _____

Contact Person _____

Cell Phone _____ Home Phone _____ Work Phone _____

How did you hear about us? School Internet Friend Staff Member Partner Agency

Dream Oaks Camp fees: Weekend Camp= \$250.00

Please check the following options applicable to your family and return with application:

___ **OPTION 1** – I have included payment in full for the camp session (s) the camper is scheduled to attend. I understand that to reserve a space in the camp session, payment is due prior to attendance.

___ **OPTION 2** – I have included the \$50.00 non-refundable deposit for each of the camp session(s) the camper is scheduled to attend. I understand that to reserve a space in the camp session, payment is due prior to attendance.

___ **OPTION 3** – I have secured a scholarship/sponsorship for my child's camp session fee through _____ (Agency) for the amount of \$ _____. My contact at the organization is: _____ contact #: _____

___ **OPTION 4** – I would like to be considered for Financial Assistance. I have completed the section of the application located on page two and have submitted one copy of either my household's most recent Income Tax Return (1040) or each adult's W2 with this application.

****If Option 3 or 4 is checked, a \$50.00 non-refundable deposit is still required with your application. ****

Payments can be made via credit card below.
(Credit card information will be discarded after each payment)

Amount to be paid \$ _____ Type of Card: ___ Visa ___ Master card

Card Number _____ Exp. Date _____

Name as it appears on card: _____

Billing Address with Zip: _____

Checks and Money Orders can be made out to: Foundation for Dreams, Inc.
16110 Dream Oaks Place
Bradenton, FL 34212 – Phone 941-746-5659