



DREAM OAKS CAMP SESSION SIGN UP FORM – SUMMER 2018

Please select the camp(s) that will best fit your child’s needs and that you would like your camper to be considered for. Space is limited and each camp is filled on a first come first serve basis. Place a “1” in the box as your first choice, and a “2” in the box for your second choice, etc. A wait list will be created if you have 3 or more requests as we hope to give all children a chance to enjoy **Dream Oaks Camp**.

June 18-22, 2018	Session #1 – All Abilities	___ Residential Camp	___ Day Camp
June 25-29, 2018	Session #2 – All Abilities	___ Residential Camp	___ Day Camp
July 2-6, 2018	Session #3 – All Abilities	___ Residential Camp	___ Day Camp
July 9-13, 2018	Session #4 – ASD	___ Residential Camp	___ Day Camp
July 16-20, 2018	Session #5 – All Abilities	___ Residential Camp	___ Day Camp
July 23-27, 2018	Session #6 – All Abilities	___ Residential Camp	___ Day Camp
July 30-Aug 3, 2018	Session #7 – ADHD/ADD/OCD/PTSD	___ Residential Camp	___ Day Camp

Campers 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: Day Camp = \$400.00 Residential Camp = \$650.00

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 _____ 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 application*****

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

Name on Card: _____ Amount to be paid: _____ Card Type: _____
 Card Number: _____ Exp Date: _____
 Billing Address with Zip: _____

Checks/Money orders can be made to: Foundation for Dreams, Inc. 16110 Dream Oaks PL Bradenton, FL 34212
Office Phone: (941) 746-5659