



DREAM OAKS CAMP PAYMENT OPTION FORM WEEKENDS 2016-2017

_____ Aug 26-28, 2016	Weekend Session #11	_____ Feb 17-19, 2017	Weekend Session #7
_____ Sept 9-11, 2016	Weekend Session #12	_____ Mar 3-5, 2017	Weekend Session #8
_____ Oct 7-9, 2016	Weekend Session #1	_____ Mar 17-19, 2017	Weekend Session #9
_____ Oct 28-30, 2016	Weekend Session #2	_____ April 7-9, 2017	Weekend Session #10
_____ Nov 11-13, 2016	Weekend Session #3	_____ April 21-23, 2017	Weekend Session #11
_____ Dec 2-4, 2016	Weekend Session #4	_____ May 5-7, 2017	Weekend Session #12
_____ Jan 13-15, 2017	Weekend Session #5	_____ Aug 25-27, 2017	Weekend Session # 13
_____ Feb 3-5, 2017	Weekend Session #6	_____ Sept 8-10, 2017	Weekend Session #14

Camper's Name _____

Contact Person _____

Cell Phone _____ Home Phone _____ Work Phone _____

The cost for attending a Dream Oaks Weekend Session is: \$250.00

Please check one of the four payment options 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 the bottom of Page 1 and have attached my most recent household W-2's tax return or proof of income with my child's application.

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

Payments can be made via credit card below.

(We DO NOT store cc information)

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**