

DREAM OAKS CAMP PAYMENT OPTION FORM WEEKEND 2008/2009

Please select the camp that would best fit your child's needs. Space is limited and each camp is filled on a first come first serve basis. Please select the camp(s) you would like your camper to be considered for. Place a "1" in the box as your first choice and a "2" in the box for your second choice, etc. A wait-list has been created if you have a third or more request as we hope to give all children a chance to enjoy Dream Oaks Camp. We will notify you at least one week before the wait-listed camp session if we have the space to fulfill your request. *** If you child's application and/or physical is greater than 1 year old at the time of their selected camping session you will be required to complete a new application and obtain a current physical.***

October	3-5 2008	_____
November	7-9 2008	_____
December	12-14 2008	_____
January	16-18 2009	_____
February	20-22 2009	_____
April	17-19 2009	_____

Camper's Name _____

Contact Person _____

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

The cost for attending a Dream Oaks Camp weekend session is: **Weekend Camp \$200.00.**

Please check one of the four payment options and return with the application.

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

_____ **OPTION 3** – I have secured sponsorship for the camp session fee through _____
 _____ (Agency or Organization) for the amount of \$ _____. My contact at the organization is _____
 _____ and the phone number is _____.

_____ **OPTION 4** – I would like to be considered for Financial Assistance (**please complete the back of this page and include your most recent income verification or tax return with application**).

If Option 3 or 4 is checked, a \$50 deposit is still required with your application. Please contact us for more information or assistance if necessary.

Payments can be made via Credit Card

Amount to be paid \$ _____

Type of Card: ___ Visa ___ MasterCard ___ American Express

Card Number: _____

Issued to: _____

Expiration Date: _____

Name as it appears on card: _____

Checks & Money Orders can be made out and sent to:

Foundation for Dreams, Inc.
3938 SR 64 East
Bradenton, FL 34208
 (941) 748-8809

