



## 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](mailto: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**

**\$250 per  
Weekend Session**

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

Please check the desired sessions below

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

- Payment Option 1 – FULL PAY**  
I have included full payment of \$250 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"/> <b>Payment Option 4 – OUTSIDE FUNDING</b><br>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 <b>MUST</b> provide contact information) | Agency: _____<br>Agency Contact Person: _____<br>Agency Phone: _____<br>Contact Email: _____<br>Agency Address: _____ |
|--|---|

**Credit Card Information: We do not store credit card information**

Name on Card \_\_\_\_\_ Total to be Paid \_\_\_\_\_  
 Street Number \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Card Number \_\_\_\_\_ 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: \_\_\_\_\_**