



2020-2021 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

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: _____

2020-2021 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 13 Sept. 4-6, 2020	<input type="checkbox"/> ** Session 5 Dec. 5, 2020	<input type="checkbox"/> Session 11 March 5-7, 2021
<input type="checkbox"/> Session 14 Sept. 18-20, 2020	<input type="checkbox"/> Session 6 Dec. 11-13, 2020	<input type="checkbox"/> ** Session 12 March 27, 2021
<input type="checkbox"/> Session 1 Oct. 2-4, 2020	<input type="checkbox"/> Session 7 Jan. 15-17, 2021	<input type="checkbox"/> Session 13 April 9-11, 2021
<input type="checkbox"/> ** Session 2 Oct. 31, 2020	<input type="checkbox"/> ** Session 8 Jan. 30, 2021	<input type="checkbox"/> Session 14 April 16-18, 2021
<input type="checkbox"/> Session 3 Nov. 6-8, 2020	<input type="checkbox"/> Session 9 Feb. 12-14, 2021	<input type="checkbox"/> ** Session 15 May 1, 2021
<input type="checkbox"/> ** Session 4 Nov. 21, 2020	<input type="checkbox"/> ** Session 10 Feb. 27, 2021	<input type="checkbox"/> Session 16 May 7-9, 2021

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**.
- Payment Option 4 – OUTSIDE FUNDING**
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 **MUST** provide contact information)
- Agency: _____
Agency Contact Person: _____
Agency Phone: _____
Contact Email: _____
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: _____