



# Camp Oliver

PO Box 206, Descanso, CA 91916  
Phone (619) 445-5945 Fax (619) 445-3326  
registration@campoliver.com



For Office Use Only
Amount of Deposit _____
Parent Packet Sent _____
Campership Sent _____

**Please return form via mail or Register Online at [www.campoliver.com](http://www.campoliver.com)**

Camper Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age on 6/1/12 \_\_\_\_\_ Grade this Fall \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Camper Lives With: \_\_\_\_\_

Who is the camper's legal guardian? \_\_\_\_\_ This will be my \_\_\_\_\_ year at Camp Oliver.

I heard about Camp Oliver from \_\_\_\_\_

**Cabin Mate Request, must be close in age & same gender, No exceptions:** \_\_\_\_\_

<p><b>Please select your first and second choice sessions</b></p> <p>___ Session 1 Teen Leadership Week July 8-13 , Co-Ed Ages 13-15</p> <p>___ Session 2 July 15-20, Co-Ed ages 6-12</p> <p>___ Session 3 July 22-27, Co-Ed Ages 6-12</p>
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<p><b>Camp Fee</b></p> <p><b>\$375</b></p> <p>Early Bird Discount \$25 off for registrations and deposits received before April 1<sup>st</sup>. 2012</p> <p>Sibling Discount \$20 off every sibling after first child</p>
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**Please include a \$100 deposit to reserve your camper's space in the desired session.  
This deposit is applied toward the overall balance.**

I have enclosed a \_\_\_ check \_\_\_ money order for my non-refundable deposit made out to Camp Oliver.

**I prefer to use my:**

Visa Credit Card \_\_\_\_\_ Visa Debit Card \_\_\_\_\_ Mastercard Credit Card \_\_\_\_\_ Mastercard Debit Card \_\_\_\_\_ Discover \_\_\_\_\_

Please Charge \$ \_\_\_\_\_ to card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ex \_\_\_\_\_ / \_\_\_\_\_

I authorize Camp Oliver to charge the above credit card the stated amount.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please Complete Page 2**

**Please read the following information and sign below.**

**If you have any questions please call our office at 619-445-5945.**

**Please initial your agreement with the following:**

**A medical exam done within the past 24 months of when your child's camp session begins and signed by a licensed doctor or nurse practitioner is required.  
Please make your appointment now.**

**Full payment must be received two weeks prior to attendance.**

**Transportation to Camp is not provided.**

**Photos of my child may be used for promotional purposes.**

**The "Health History Form" and "Policy Agreement and Consent Form" need to be filled out and returned to our office no later than 2 weeks before your child's camp session begins. Forms can be mailed to you or downloaded from our website: [www.campoliver.com](http://www.campoliver.com)**

**YES / NO Please send me a Campership Application.  
\$100 deposit & financial information required.  
Early Bird and Sibling Discounts are not added to Camperships**

**YES / NO Please send me an interest free payment plan.  
Post dated checks for payments are required.**

**Enclosed is a donation to the Campership fund to help send a child to camp.  
Amount \$ \_\_\_\_\_**

### **Cancellation policy**

**If Camp Oliver has notification of your child's inability to attend camp at least 15 days before your child's camp session begins we will give you a refund of all monies paid minus the non-refundable deposit. If we receive notice 2-14 days prior your session, you will receive 50% of all monies paid minus the non-refundable deposit. If less than 2 days notice is given, no refund will be given unless there is a medical emergency. In this case 50% will be refunded minus \$100 non-refundable deposit.**

**If Camp Oliver must cancel a session before it begins, a full refund will be given plus deposit.**

**Camp Oliver reserves the right to cancel a session due to low attendance 15 days prior to start of session. We will make every effort to get your camper into your second choice session if the need arises.**

**I agree to the terms and provisions of this application.**

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**Parent/Guardian Signature**

**Date**