

Summer 2010 Individual Registration Form (Please Print Clearly)



Thank you for your interest in participating in one of our exciting programs at Sky Ranch. Please complete the form below to get your registration started. Let us know if you have questions. The following information is provided to help you understand our registration and refund policies.

Individual Deposits: A deposit of 1/3 the camp fee per person is required at the time of registration. The deposit is non-refundable, except in case of medical emergency. A \$25 handling fee is kept if a camper must cancel for one of these reasons. Written notification from a health care provider is required. Balances remaining on camp fees are due three weeks prior to the arrival date for the camp session. You will receive information in advance reminding you to return to the website to make those final payments. Any balance due not paid by this deadline may incur a 10% late fee and the registration may be cancelled and released for those on the waitlist.

Remaining Balance: We must receive your full remaining balance three weeks prior to your arrival at camp.

Discounts: Sky Ranch offers a sibling discount of \$15 per family member in the same household.

Financial Aid: We think it is important that every kid should have the opportunity to come to camp. Scholarships are available for those who may not be able to afford part or all of tuition. Go to our website for more information.

Medical Forms and Information: All participants must have a complete physical within the 24 months prior to coming to camp. Each individual will need to fill out and have a doctor signed immunization and medication information. These forms will be sent to you starting March 15th and will need to be returned to camp at least three weeks prior to arrival.

Late Registrations: To facilitate delivery of pre-camp information to campers in a timely manner, and to help us monitor gender distribution, a surcharge of 15% will be added to the camp fee for each registration or substitution received after April 15.

Closing dates: Registration for sessions will close three weeks prior to the event. If the minimum is not met at that time, the event will be cancelled and registered participants will be notified. Programs may fill early and will be closed upon meeting their maximum. If an event you choose is full, we will place you on the waitlist or you may register for a second choice. For those on the waitlist, if a spot opens, you will be notified by phone and asked to pay at that time.

Things to Remember: *You are not fully registered until we receive your deposit.*

Name _____ Grade Completed Spring 2010 _____

Address _____ Gender (circle one) M F

City _____ State _____ Zip _____ Birthdate ____/____/____

Home Phone (____) _____ Day Phone (____) _____ Age _____

Church _____ Email _____

Program Choice:

#1 _____
Dates _____

#2 _____
Dates _____

#3 _____
Dates _____

Deposit due is 1/3 the tuition.

Check this box if more than one member from your immediate family will be attending camp and you are eligible for a \$15 per family member discount.

List Sibling Names Here:

As the parent or guardian of the camper listed on this form, I grant permission for my child to attend and participate in Sky Ranch program activities under the supervision of Sky Ranch staff members. I also agree to provide a basic health history and required medical form to the camp **three weeks prior to attendance**, and to notify the camp at the time I mail this registration form if there are any special needs that pertain to my child. I understand the policies and programs of Sky Ranch and have read and accept the registration and refund policies. I understand that if my child's behavior or conduct does not adhere to Sky Ranch guidelines or threatens the safety of other campers, my child may be dismissed from camp, whereas I am responsible for transportation, with no refund of camp tuition. If paying by credit card my signature below authorizes my charge.

Signature of Parent, Guardian or Adult Participant

Please provide one form for each participant with **deposit** to **Sky Ranch, 805 S Shields St, Fort Collins, CO 80521.**

Lutheran Ranches of the Rockies operates its programs and activities under permit in the Roosevelt National Forest and the Rocky Mountain National Park. Rules for acceptance and participation in the programs of Lutheran Ranches of the Rockies are the same for all, regardless of race, color, national origin, sex, age or handicap. If you believe you have been discriminated against, write the Secretary of Agriculture, Washington, DC 20250.

Method of Payment

Amount \$ _____ Visa

Check # _____ Master Card

Expiration Date ____/____ Discover

American Express

Credit Card #: _____

Name on Card: _____

Billing Address: _____

Financial aid is available to those who need assistance to attend a program through Lutheran Ranches of the Rockies.