

# 2012 WINNARAINBOW FOR ADULTS ENROLLMENT APPLICATION

Please fill out, sign, date and fax or mail this form to the address below.

CAMPER NAME \_\_\_\_\_ GENDER \_\_\_\_\_  
First Last

ADDRESS \_\_\_\_\_  
Number & Street City State Zip

PHONE (\_\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_  
Area Code Number

To save on paper, may we email you the necessary medical form & confirmation of enrollment? Circle one: YES / NO

BIRTH DATE & YEAR \_\_\_\_\_ (Optional, but interesting to know) ARE YOU A RETURNING CAMPER? \_\_\_\_\_

## ATTENDANCE DATES AND COST:

\_\_\_\_ • I'll be at Adult Camp for the full week, **2:00pm June 12<sup>th</sup> until after an early dinner June 17<sup>th</sup>.**

**Cost will be \$650.00**

\_\_\_\_ • I'll be there ONLY for the following days \_\_\_\_\_

**Cost will be \$120.00 per day (or portion of day). \$120.00 X \_\_\_\_ days = \$ \_\_\_\_\_**

## METHOD OF PAYMENT:

\_\_\_\_\_ • I've enclosed the full fee for camp. **OR**

\_\_\_\_\_ • I've enclosed a deposit of \$100.00. Please hold my place. I will pay the remaining fee at least two weeks before the first day of Adult Camp.

### AND

\_\_\_\_\_ • I've enclosed my check or money order made payable to Camp Winnarainbow. **OR**

\_\_\_\_\_ • I am paying by Visa, MasterCard or Discover Card. Please complete the following:

Visa _____ MasterCard _____ Discover _____
Cardholder's Name _____
Card Number _____ / _____ / _____ / _____ Expiration Date ____/____
Cardholder Signature _____
Amount You Are Paying \$ _____

Please enroll me in Winnarainbow for Adults. I have read this application and agree to the fees and conditions listed. I am at least 18 years of age. I agree to abide by the rules set by the Camp as follows for the health, safety and welfare of the camp community. In case of a medical emergency where I am not able to make my own medical decisions, I hereby give permission to the physician selected by the Camp Director to hospitalize me or to secure proper treatment as needed. I consent to the use of any photographs or film footage taken of me for advertising, promotion, or any productions authorized by Camp Winnarainbow and its affiliates.

## SIGNATURE OF ADULT CAMPER: \_\_\_\_\_

Rules for acceptance and participation in the camp program are the same for everyone without regard to ethnicity, national origin, gender, sexual orientation or ability.

• **HEALTH.** A signed health form must be submitted prior to the camper's arrival at Camp. It is understood that the camper is in a condition of health and soundness of body that warrants her/his undertaking a program as outlined in the Camp literature. After completion and receipt of this application plus your deposit, the Camp will forward an information packet including a list of what to bring and directions.

• **CANCELLATION / REFUND POLICY.** A deposit must accompany this application. We purchase supplies and hire staff based on enrollment. Therefore, there are no refunds, except as follows: All fees are refundable prior to March 1st. Thereafter, the \$100.00 deposit will be applied as a clerical charge. The remaining balance will be refundable prior to May 1st. Enrollments made after May 1, 2012 must be accompanied by full payment. We reserve the right to dismiss a participant whose conduct is detrimental to the Camp. If this becomes necessary, there will be no tuition refund. If a camper becomes too ill to participate in Camp in the opinion of our Camp nurse or the camper's physician, half of the unused tuition will be refunded. There is no refund for late arrival or early departure. Wavy Gravy is so sure that you will enjoy Adult Camp that he has guaranteed a full refund after you attend Camp if you tell us, with a straight face, that you didn't have any fun and never want to come back.

**September- May:** 1301 Henry St., Berkeley, CA 94709 (510) 525-4304 fax: (510) 528-8775

**June - August:** PO Box 1359, Laytonville, CA 95454 (707) 984-6507 fax: (707) 984-8087

**Email:** arainbow@mcn.org **Website:** www.campwinnarainbow.org