

RJR SUMMER CAMP

ENROLLMENT FORM ONE FORM PER CHILD/CAMPER

1. Name: _____ Age: _____

Address/City/State/Zip: _____

Phone(s): _____

2. Health Problems or special needs: _____

Allergic to Bee Stings: Y N Comments: _____

3. I'm enrolling in Camp Date(s) of: _____ @ \$325 week \$

4. Residential Camp (optional) _____ @ \$200 \$+

5. Early drop off & late pick up – add \$20 a day or \$100.00 week. \$+ _____

To reserve your date include a non-refundable deposit of \$100.00 per camper. \$- _____

My child is covered _____ insurance.

Sorry No Refunds

Policy number _____ I give permission for my child to be treated at _____ hospital if I cannot be reached in an

Amount Enclosed _____

Emergency where treatment is necessary. I will take care of any cost myself that

Amount Due 1st day of camp _____

may occur. Additional Contact person if you cannot be reached: _____

Parent/Guardian Signature: _____ Date: _____

Liability form must be signed on the first day of camp or before.

Please call if you have any questions, 636-677-5107

Make checks payable to: Rocking J Ranch

Mail completed Enrollment plus Deposit to:

6757 Bridle Trail Lane, High Ridge, MO 63049

Working Parents This is For You!

Drop off your child on your way to work.

Includes after camp snack & drink.

Additional \$100.00 per week – Per day rate \$20.00