CAMP GALILEE REGISTRATION FORM – SUMMER 2017

Again this year: **All forms and full payment are due by May 31**. Please use a separate form for each camper. You can also register online or download extra copies of this form at galileetahoe.org/register. Questions can be addressed to the Camp Registrar by leaving a message at (775) 749-5546 or emailing registrar@galileetahoe.org. Please attach additional pages if necessary.

(Please Print)

CAMPER: _____ _____ _____ Gender: _____
last name first name name I like to be called

Birth Date _____/_____/_____ Grade in Fall 2017 _____

APPLICANT: (Parent/Adult) _____ _____
last name first middle initial relationship to camper

Mailing Address _____
street or post office box city state zip code

_____ (_____) _____ (_____) _____ _____ _____
E-mail Address primary contact home phone primary contact cell phone Religious preference, if any Name of parish

Please check one: I ____ **do** / ____**do not** want to receive important updates about Galilee's programs at the email address above.

Camper Mailing Address (if different from parent/adult) _____
street city state zip code

SESSION Please check the session/s you would like to attend. Sessions begin on Sunday and end on Saturday, unless otherwise noted.

___	Adventure Session 1	Ages 7 - 10	June 20 - 24 (Session begins on Tuesday)
___	Adventure Session 2	Ages 8 - 11	June 25 – June 30 (Session ends on Friday)
___	Family Camp	All Ages	July 2 - 8
___	Adventure Session 3	Ages 10-13	July 9 - 14 (Session ends on Friday)
___	Adventure Session 4	Ages 11-14	July 16 - 22
___	Adventure Session 5	Ages 12-15	July 23 - July 29
___	Adventure Session 6	Ages 14-17	July 30- August 5
___	Youth Backpacking Trip	Ages 13-17	July 2-8

(For family camp registrants, please attach a separate piece of paper listing the names of all family members attending as well as the ages for each child.)

* Every camper receives a free 100% organic and American-made shirt. What size would you like to receive? _____**(Please specify youth or adult)**

* Van transportation will be provided from Las Vegas each week for $60.00 one way or round trip. Please indicate here if you are interested in this service: Vegas to Tahoe van: ____Tahoe to Vegas van:____Van service requires a minimum of 4 campers per session.

* Each camper may request to share their cabin with **one friend**, where possible, **if each camper requests to be with the other in writing**. Multiple requests cannot be arranged. One friend request: _____. If you're not sure if the friend you would like to request will register or request you back, please check with them first, then submit your request by postal mail or email prior to May 31.

* Some campers in each session may be assigned to Galilee's tipi as their cabin. Please indicate if you are open to this option:___Yes__No

FEES: Due to an increase in costs associated with summer camp, we have increased our 2017 Summer Camp rates more significantly than in years past. In 2017**, the full cost for each camper at a week-long session is $615.** Because we appreciate families have different abilities to cover the full cost, a voluntary 3-tier payment program is in place. All campers will receive the same quality camp experience regardless of which fee is chosen. Please consider paying the full cost fee. Camperships are available by contacting the Camp Registrar or downloading a form from the website www.galileetahoe.org. Please note that campership funding may not be available after May 31.

Check if applying for a campership:_____

Please circle your fee choice(s):	Full Cost	Partially sponsored Cost	Sponsored Cost
Adventure Session 1 (4 nights)	**$480**	$410	$360
Adventure Sessions 2 and 3 (5 nights)	**$550**	$460	$420
Adventure Sessions 4, 5 and 6 (6 nights)	**$615**	$545	$470
Youth Backpacking Trip (6 nights)	**$360**	$300	$250
Family Camp 7/3-7/9 - Adults & Youth (ages 12+)	**$535**	$465	$425
Family Camp 7/3-7/9 - Children (4-11, 0-3 free)	**$415**	$355	$315
Additional Donation to the Campership Fund	**$615**	$100	$50

PAYMENT INFORMATION: A nonrefundable deposit of $75 per session is required to complete your registration. **Final payment is due by May 31, 2017.** Please make checks payable to Galilee. **Credit Card:** Visa___ Mastercard___ charge full amount____ charge deposit____

Card Number #: _____ Expiration Date: _____

Name on card: _____3 digit security code on back of card:_____

Credit card billing address if different from APPLICANT address above:_____

_____

Signature of card holder: _____

MAILING INFORMATION: Mail this application, additional family camp sheet, and payment to Galilee, Attn: Registrar, PO Box 236, Glenbrook, NV, 89413. Phone 775 749-5546. Scanned forms may be emailed to registrar@galileetahoe.org.

FOR CAMP USE ONLY	Camper #:
Postmark Date:	
Total Fee:	
Reply Date:	
Deposit Paid:	
Campership:	
Balance Due:	
Notes:	