## **CAMP GALILEE REGISTRATION FORM – SUMMER 2020**

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 calle	d
Birth Date/	/ Grade in Fall 2020		
APPLICANT: (Parent/Adult)			
last nam	e first	middle initial	relationship to camper
Mailing Address			
street or post office box		city	state zip code
()	()		
E-mail Address primary contact			
	want to receive important updates	about Gaillee's programs	at the email address above.
Camper Mailing Address (if different from pa	*	· · · · · · · · · · · · · · · · · · ·	
SESSION Places about the session /s	street	ci	
SESSION Please check the session/s you won Adventure Session 1			
	Ages 10 - 13	June 22 - 27 (Session be	
Adventure Session 2	Ages 8- 11	June 28 – July 3 (Session	n ends on Friday)
Adventure Session 3	Ages 10-13	July 5 - 11	ı pil
Adventure Session 4	Ages 8-11	July 12 - 17 (Session end	is on Friday)
Adventure Session 3 Adventure Session 4 Adventure Session 5 Adventure Session 6 Youth Backpacking Trip River Rafting Trip	Ages 12-14	July 19 - July 25	
Adventure Session 6	Ages 13-16	July 26- August 1	
Youth Backpacking Trip	Ages 13-17	July 12-17	
River Rafting Trip	All Ages	TBD	
* Some campers in each session may be assign <b>FEES:</b> In 2020, <b>the cost for each camper at camper.</b> Camperships are available by contact: Please note that campership funding may not b	a week-long session is \$775, which	h represents the actual co	ost to Galilee for each
Session	Cost		Top a
Adventure Sessions 1, 2 and 4 (5 nights)	\$650		FOR Camper CAMP #:
Adventure Sessions 3, 5 and 6 (6 nights)	\$775		USE
Youth Backpacking Trip (6 nights)	\$450		ONLY
			Danton
			Postmar k Date:
PAYMENT INFORMATION: A nonrefu			
your registration. Final payment is due by	May 31, 2020. Please make check	ks payable to Galilee.	Total
Credit Card: Visa Mastercard c	harge full amount charge de	posit	Fee:
Card Number #:	Expiration D	Date:	Reply
Name on card:	3 digit security code on	back of card:	Date:
Credit card billing address if different from	APPLICANT address above:		75
Signature of card holder:			Deposit Paid:
Signature of card holder:			Paid.
MAILING INFORMATION: Mail this application, PO Box 236, Glenbrook, NV, 89413. Phone 775 749-			Campers hip:
1 0 Box 250, Olehorook, 11 1, 07415. I holic //5 /47-,	55-10. Scanned forms may be emaned to les	sistian@gameetanoc.org.	Balance
			Due: