

Camp Hitaga Registration 2009

www.iowanacampfire.org
mzupke@iowanacampfire.org

PO Box 10075
Cedar Rapids, IA 52410-0075

319-284-2411
Fax: 319-294-2413

Camper name: Last: _____ First _____ M.I. _____ Gender: _____

Address _____ City _____

State _____ Zip: _____ DOB: ____/____/____ School: _____ Grade-Fall 09: _____

We can only accommodate one cabin mate request per camper. Cabin mates must each request one another, be of similar ages and be enrolled in the same program. Cabin mate requested: _____

Parents/Guardians:

Name(Last/First): _____ E-mail: _____ Work: (____) _____

Address: _____ Gender: _____ Home: (____) _____

City: _____ State: _____ Zip: _____ Cell: (____) _____

Name(Last/First): _____ E-mail: _____ Work: (____) _____

Address: _____ Gender: _____ Home: (____) _____

City: _____ State: _____ Zip: _____ Cell: (____) _____

Emergency Contacts:

Name(Last/First): _____ Relation: _____ Work: (____) _____

Address: _____ Gender: _____ Home: (____) _____

City: _____ State: _____ Zip: _____ Cell: (____) _____

Name(Last/First): _____ Relation: _____ Work: (____) _____

Address: _____ Gender: _____ Home: (____) _____

City: _____ State: _____ Zip: _____ Cell: (____) _____

Persons authorized to pick up my child:

Persons NOT authorized to pick up my child:

- How did you learn about Camp Hitaga? -

School Flyer Camp Brochure Mail Poster Friend Other

Permission/Release:

My child has permission to leave camp for local field trips. I understand and certify that my child's participation in Camp Hitaga and its activities is completely voluntary and I have familiarized myself with the camp's programs and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in the camp events and program, particularly, but not limited to, the activities of horseback riding, swimming, and canoeing, and I acknowledge that although Camp Hitaga has taken safety measures to minimize the risk of injury to camp participants, Camp Hitaga cannot insure nor guarantee that participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I recognize that the camp's Health Center is staffed by a registered nurse at all times that camp is in operation. Almost all of the Health Center visits are minor and can be treated by camp's trained personnel. I may not be notified if my child receives minor treatment or medicines. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for the safety of camp participants. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection and/or surgery for my child as named on this form. I understand that both the balance of the camp fee and a signed Health Form are due three weeks prior to the session my child will be attending or the higher fee will be assessed and my child may lose his or her session of choice. If my child is photographed at camp, I authorize Camp Fire USA Iowana Council to use the picture for publicity purposes. I have read the above policy and the refund policy as stated in the brochure. I understand and agree to their terms.

Signature _____ Date _____ / _____ / 2009.

Camp Hitaga – Registration 2009

Camper Name: _____

Please check all sessions your camper wishes to attend Address: _____

Session 1: June 14-20

- Classic Camp – Grades 1-12 – Games Extravaganza
- Adventure Camp – Grades 6-12 – Survivor
- Stirrups & Saddles – Grades 4-12

“Early Bird” Fee

- \$280
- \$280
- \$350

After May 15

- \$295
- \$295
- \$365

Session 2: June 21-27

- Classic Camp – Grades 1-12 – Pirates
- Adventure Camp – Grades 6-12 – Treasure Trekkers
- Stirrups & Saddles – Grades 4-12

- \$280
- \$280
- \$350

- \$295
- \$295
- \$365

Session 3: June 28-July 3

- Classic Camp – Grades 1-12 – Crazy Week
- Adventure Camp – Grades 6-12 – Canoe Specialty
- Stirrups & Saddles – Grades 4-12

- \$280
- \$280
- \$350

- \$295
- \$295
- \$365

Session 4: July 5-11

- Classic Camp – Grades 1-12 – Muggles Week
- Adventure Camp – Grades 6-12 – Survivor
- Stirrups & Saddles – Grades 4-12

- \$280
- \$280
- \$350

- \$295
- \$295
- \$365

Session 5: July 12-18

- Classic Camp – Grades 1-12 – Water Explosion
- Adventure Camp – Grades 6-12 – Treasure Trekkers
- Stirrups & Saddles – Grades 4-12

- \$280
- \$280
- \$350

- \$295
- \$295
- \$365

Session 6: July 19-25

- Classic Camp – Grades 1-12 – Survivor
- Adventure Camp – Grades 6-12 – Survivor
- Stirrups & Saddles – Grades 4-5

- \$280
- \$280
- \$350

- \$295
- \$295
- \$365

July 19-Aug 1 Stirrups & Saddles – Grades 6-12

\$500

\$525

Session 7: July 26-Aug. 1

- Classic Camp – Grades 1-12 – Hit Your Mark
- Adventure Camp – Grades 6-12 – Canoe Specialty
- Stirrups & Saddles – Grades 4-5

- \$280
- \$280
- \$350

- \$295
- \$295
- \$365

Session 8: Aug. 2-8

- Classic Camp – Grades 1-12 – Super Heroes
- Adventure Camp – Grades 6-12 – Treasure Trekkers
- Stirrups & Saddles – Grades 4-12

- \$280
- \$280
- \$350

- \$295
- \$295
- \$365

Leadership Training: 10th grade only

LT1 June 21-July 3 LT2 July 5-18 LT3 July 19-Aug 1

\$345

\$365

Counselor-In-Training: 11th and 12th grade only

CT1 June 14-July 11 CT 2 July 12-Aug 8

\$430

\$445

Discounts – Call 319-284-2411 for Amount

Selling Candy Bugler Nurse Kitchen Aid

TOTAL Registration Fees: \$ _____

Less Discounts \$ _____

Less **DEPOSIT** (required) - \$ _____
(Minimum \$50)

BALANCE DUE: \$ _____

BALANCE DUE must be paid on or before May 15 for the “Early Bird” discount, otherwise the full fees will be charged.

All fees are due no later than two weeks before the camper’s first session, or late fees may apply.

Credit Card Information (if you wish to pay by Credit Card). Please print using block letters and sign.

Please charge \$ _____ now, and \$ _____ on ____/____/2009. Visa MC

Card # _____ - _____ - _____ - _____ Exp. Date ____/____/____

Name on Card _____ Mailing Address: _____

Signature _____ City, State, Zip: _____