



Enrollment Application 2019

William Lawrence Camp is an overnight summer camp for boys ages 8 to 16.
Please circle or highlight the session your child will be attending.

FULL SESSIONS: (For seniors, trips only available when enrolled for full session)	DATES	TUITION	
		Enroll by 12/1 <i>*Save \$300.00*</i>	Regular
First Session (4 weeks):	6/23- 7/20	\$3195	\$3495
Second Session (3 weeks):	7/21 - 8/10	\$2495	\$2795
Full Season (7 weeks):	6/23- 8/10	\$4950	\$5250
TWO WEEK OPTIONS: (For seniors, trips only available when enrolled for full session)	DATES	TUITION	
		Enroll by 12/1 <i>*Save \$150.00*</i>	Regular
Option 1:	6/23- 7/6	\$1845	\$1995
Option 2:	7/7 - 7/20	\$1845	\$1995
Option 3:	7/28 - 8/10	\$1845	\$1995
ONE WEEK STARTER PROGRAM: (Available for first time campers currently in grades 2-7)	DATES	TUITION	
	7/21-7/27	\$950	

*****SIBLING DISCOUNT OF \$200 PER ADDITIONAL CHILD WHEN ATTENDING ANY FULL SESSION*****

Upon receipt of this application and registration fee, the camp will send a confirmation notice.
All required camper forms are now available via CampDoc.com and must be submitted to camp by May 1.
A checklist of what to bring to camp can be found on our website.

I do not expect nor will I ask for a refund of any part of the tuition if this enrollment is cancelled or if the camper leaves camp before his session expires, except in case of illness incurred at camp. While my child is at camp, or engaged in any of its program activities or trips, I assume all responsibility for accidents and agree to meet all expenses incurred for special medical, surgical, and nursing care in case of illness. I agree also to abide by the decisions of the nurse and/or camp administration on activities to be participated in by my child.

I also agree to let my child's picture appear in camp promotional material.

I have enclosed my \$500 non-refundable registration fee credited toward tuition.

I agree to pay the tuition balance by April 1, 2019.

I am responsible for this bill, and I have read this application and agree to see that its terms are fully met.

Signature of Parent/Guardian _____ Date _____

PLEASE INCLUDE \$500 REGISTRATION FEE (see pg. 2) AND MAIL/EMAIL TO:

William Lawrence Camp,
139 Federal Corner Road, P.O. Box 52
Center Tuftonboro, NH 03816
Tel: (603) 569-3698 Fax: (603) 569-5468
Email: knoll@wlcamp.org Website: www.wlcamp.org



Like us on Facebook and add Bill Larry as a friend



WILLIAM LAWRENCE CAMP 2019 ENROLLMENT APPLICATION- PLEASE PRINT

Camper's Last Name: _____ First: _____ Nickname: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Age as of 6/1/19 _____ Birthday: Month ____/ Day ____/ Year _____ Grade 2019-2020 (**next year**): _____
Camper's Email Address: _____

Parent/Guardian 1: _____ Relationship To Camper: _____
Mailing Address (if different): _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Guardian 1 Email: _____

Parent/Guardian 2: _____ Relationship To Camper: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Guardian 2 Email: _____

To whom shall correspondence be sent?

Who is responsible for payment under this application?

- **Returning campers:** What year did your son first attend?

- **New campers:** How did you hear of WL Camp?

- **New Campers:** Do you have a cabin mate request?

PAYMENT INFORMATION: Application will not be processed without the \$500 **non-refundable** deposit.

Payment Options: (Check Choice) Payment in full Deposit Only Other _____
Amount: \$ _____ Check Number _____ Or please charge my Credit/Debit Card
Card Information: (check): MasterCard Visa Discover AMEX
Card Number _____ Exp. Date _____ CSC (3 or 4 digit code on back) _____

NOTE: For all credit/debit card transactions there will be an additional convenience fee of 3.9%.
Name as it appears on card _____ Zip Code of billing address _____

William Lawrence Camp accepts campers without regard to race, color, creed or national origin.