

WLD Winter Weekend 2010

February 26-27

Registration

Please complete and return this registration along with a \$20.00 nonrefundable deposit to WLD Ranch, 7351 Woolsey Rd. Girard, PA 16417. This registration may be photocopied, but a deposit must accompany each registration. Registrations are not accepted over the phone. You will receive a confirmation letter/list of what to bring after we receive your application.

Please complete the entire registration form. Thank you.

Camper Name _____

Parents/Guardians _____

Address _____

City/State/Zip _____

Phone (____) _____ Birth date _____

Grade (2009-2010) _____ Male or Female

The Winter Weekend is available for those in grades 3-9 (Junior and Junior High). We will provide age appropriate activities and groups throughout the weekend, as well as participating altogether for meals, singing, and some outdoor fun.

Activity Class (choose one):

- Horsemanship Adventure Crafts

Check here if your child is a **first time camper** at WLD Ranch.

Where did you hear about WLD? _____

Does your child take medication regularly? _____

If yes, please include a description of the medication and reason for taking it on a separate piece of paper.

Are there any health concerns of your child that we should be aware of? _____

If yes, please explain : _____

My child would like to bunk with _____

I give permission for my child to participate fully in a physically rigorous program both on and off camp grounds. In an emergency, if I cannot be contacted, I give permission for the physician/nurse chosen by the camp director to hospitalize and secure proper treatment for my child named above. I also give permission for my child's photo to be used in future promotional materials and included on WLD Ranch's website.

PARENT (or Guardian) SIGNATURE

Fees

Winter Weekend	\$49
Modifications (friend discount)	\$ _____

***If you would like your campers to have spending money for additional snacks, they will keep it with them rather than put it into a bank account.**

Full payment due: \$ _____

PAY EITHER:

<input type="checkbox"/> Deposit (\$20 minimum)	\$ _____
<input type="checkbox"/> Full payment	\$ _____
Balance due	\$ _____

Method of payment:

enclosed check – check no. _____

Visa Mastercard Discover Exp. Date: _____

Card #: _____

Cardholder's Name: _____

Cardholder's zip code: _____

Cardholder's Signature: _____

★If paying through an agency, please list the case worker:

_____ Phone: _____

7351 Woolsey Rd. Girard, PA 16417 (814) 474-3414

Office Use Only

Date Received _____ Confirmation _____