

# Camp Agawam

September 1st to May 31st  
Phone: (207) 892-1200  
Fax: (207) 892-1220

54 Agawam Road  
Raymond, ME 04071  
www.campagawam.org

June 1st to August 31st  
Phone: (207) 627-4780  
Fax: (207) 627-8003

## 2012 SEASON

JUNE 27, 2012 – AUGUST 14, 2012

### PLEASE ENROLL:

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Name, or nickname, camper likes to be called: \_\_\_\_\_ Camper's Date of Birth: Month: \_\_\_\_/ Day: \_\_\_\_/Year: \_\_\_\_

School Attending: \_\_\_\_\_ Grade 2011 - 2012 School Year: \_\_\_\_\_

How old your son will be on June 30, 2012? \_\_\_\_\_

### PARENT/S OR GUARDIAN/S WITH WHOM THE CAMPER LIVES:

Mr. & Mrs. /Mr. /Mrs. /Dr. /Ms.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ *Please use opposite side for address of other parent, if necessary.*

### CONTACT INFORMATION:

Billing Address (if different from above): \_\_\_\_\_

#### Contact Information for Parent / Guardian 1:

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Business Phone: \_\_\_\_\_

#### Contact Information for Parent / Guardian 2:

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**NEW PARENTS:** We became interested in Agawam through: \_\_\_\_\_

**RETURNING PARENTS:** The cabin your son was in for the 2011 Season: \_\_\_\_\_

**TUITION:** TOTAL: \$ 8,600 (Please make all checks payable to *Camp Agawam* and mail to: 54 Agawam Road, Raymond, ME 04071).  
PAYABLE: **\$ 1,000 Registration Fee is due with this application and will be applied to tuition (not refundable after 1/1/12);**  
\$ 4,600 due 4/1/12; and  
\$ 3,000 plus any applicable camp fees, due 6/1/12.

**PERMISSIONS:** I hereby give permission for my above-named child to participate in the programs and activities at Camp Agawam, as described in its general information.

I hereby give permission to the medical personnel selected by Camp Agawam to provide routine health care, to administer non-prescription medicines, to administer prescription medicines (as directed by my child's physician or by the camp physician's standing orders), to order X-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp Agawam to secure and administer treatment, including hospitalization, for my child as named above.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DO YOU KNOW ANYONE ELSE WHO IS INTERESTED IN AGAWAM? WE WILL BE GLAD TO SEND AGAWAM INFORMATION TO:

Parent/Guardian Name(s): \_\_\_\_\_ Boy's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Boy's Age & Grade: \_\_\_\_\_