

I've previously attended \_\_\_\_\_ full sessions of Camp Dogwood. This info is for our camper awards. Be as accurate as possible to help us avoid any errors.

## Camp Dogwood Camper Application Form FALL CAMP 2017 • October 5 - 8, Lake Delton, WI

Name(s):	Age(s):	Circle Gender: <b>M</b> F	Occupation(s):		
Mailing Address:	City:	Sta	ate: Zip:		
Home Phone:	_ Cell Phone:		Work Phone:		
Is <b>e-mail</b> <sup>*</sup> a <u>reliable</u> way for us to provide you camp *(We encourage campers to provide an e-mail address for e <i>E-mail</i> Address:	asy communications, and t	o sign-up for our newsletter at	efer all Dogwood materials to b www.CampDogwood.com for camp	pe <i>mailed</i> . p news!)	
Emergency Contact & Phone:		Relatio	nship:		
Your Veterinarian's Name:	Veterinarian Office Phone:				
FIRST TIME CAMPERS: Next, please indicate your metho and businesses that spread the we	d of originally finding ou ord about camp with our	t about Camp Dogwood. We l Referral Program. See box at	ike to show our appreciation to c bottom of page for more informat	amp alumni tion.	
Were You Referred to Camp Dogwood? YesIf NoIf *If you answered "the internet"from where? (ie- U Do you ever work/volunteer with dogs? Yes	<b>no:</b> How'd you hear of lsed search engineSaw	us?* your adLinked from)			
<ul> <li>FALL October 5 - 8 2017         <ul> <li>Fall Camp runs <i>Thursday - Sunday</i></li> <li>Extended: <u>WEDNESDAY</u> Oct 4, 2017</li> </ul> </li> <li>Please notify me about other camps when information becomes available.</li> <li>NOTE: Campers may hold a reservation with a deposit of \$200 (or up to full payment). Pay FULL BALANCE before your session.</li> </ul>	<ul> <li>Single Occupancy</li> <li>Double Occupancy</li> <li>Double Occupancy</li> <li>Group Occupancy</li> <li>Check HERE () to a</li> <li>Single Occupancy</li> <li>Double Occupancy</li> <li>Double Occupancy</li> <li>Double Occupancy</li> <li>Group Occupancy</li> <li>Check HERE () to a</li> </ul>	yy for 2 members of same house (this is 3 or more Call to disc arrive on <u>Wednesday, Oct. 4</u> for attrive bathrooms, climate control and (this is 3 or more Call to disc arrive on <u>Wednesday, Oct, 4</u> for the second	\$63: \$58: \$58: \$53: \$53: EXTENDED CAMP	5 /person 70 / <b>couple</b> 5 /person <b>125</b> /person 5 /person 70 / <b>couple</b>	
Pay FULL BALANCE before your session.	<ul> <li>ADDITIONAL FULL-PROGRAM OPTIONS (Including EXTENDED CAMP**)</li> <li>On-Site Tent Camping (you provide tent and all equipment)<sup>\$</sup>510</li> <li>Off-Site Lodging (make your own off-site sleeping arrangements)<sup>\$</sup>510</li> <li>Check HERE () to arrive on <u>Wednesday, Oct. 4</u> for EXTENDED CAMPadd \$12</li> </ul>				
For Double & Group Accommodations, please list your roommate(s) below:	Single Day of Camp Two Days of Camp	<ul> <li>FRIDAY, October 6, 2017</li> <li>SATURDAY, October 7, 20</li> <li>BOTH DAYS: 1 person wit</li> </ul>	017 only\$14	5 /person 5 /person 0 /person 0 / <b>2 people</b>	

## \*\* DO YOU KNOW ABOUT THE CAMP DOGWOOD REFERRAL PROGRAM? \*\*

Camp Dogwood Referral Program rewards you with a \$25 credit for each <u>new</u> camper you refer to a full weekend program. We track referrals based on camper application responses. Bring a friend or tell the whole town about Camp Dogwood & reap the benefits! Contact us with questions.

How many dogs are you planning on bringing to camp?	<b>Dog #1</b> Name: Please indicate the following for <b>Dog #1</b> :	Age: Age: Male, or D Female	Breed: AND
Dringing to camp:	<b>Dog #2</b> Name:	Age:	Breed:
	Please indicate the following for <b>Dog #2</b> :	🗅 Male, or 🗅 Female	AND 📮 Fixed, or 🖵 Intact

Where	did you get your dog(s), and at what age	(5)?:					
Any factors we should consider as we pair roommates?(if applicable)							
<ul> <li>Please indicate your dog's level of socialization, in relation to other dogs:</li> <li>Primarily a backyard dog</li> <li>Encounters other dogs on leashed walks</li> <li>A park/beach dog</li> <li>Successfully co-mingles at doggie daycare</li> <li>Participates regularly in organized dog events or activities</li> </ul>							
For Ob	edience:	Please check ALL that apply to your dog's personality:					
	I trained my dog by myself	☐ Friendly	Separation Anxiety	Submissive	🖵 Runs Away		
	I took my dog to obedience classes	Playful	Territorial	Dominant			
	I worked with a private trainer	<ul> <li>Energetic</li> <li>Well-mannered</li> </ul>	<ul> <li>Fearful</li> <li>My dog is Possessive of</li> </ul>	□ Needs "space" f: □Toys □Food □Me	Laid Back		
Are there any topics, activities or suggestions for demonstrations that you have interest in?							
<ul> <li>To submit this application for the Camp Dogwood FALL 2017 session, please:         <ul> <li>Complete this form (2017 forms will be made available onlineSOON)</li> <li>Return with your payment of a \$200 deposit* (per person, per camp)or up to a full payment, to apply for a space at this session. Your \$200 deposit holds a guaranteed reservation. Any balance must be paid-in-full at least 90 days before this session.</li> <li>Sign your name in the box below indicating you understand our "Rules &amp; Policies" (can be found online).</li> </ul> </li> <li>*Note: Deposits are NOT REFUNDABLE &amp; NON-TRANSFERABLE. \$200 of all applications submitted with full payment is still considered as including the \$200 deposit. All rates and fees are subject to our "Cancellation &amp; Payment" terms found within Camp Dogwood's "Rules &amp; Policies". Any issues or questions about payment policies should be addressed prior to registering.</li> </ul>							
Camp 205 B	N COMPLETED WITH PAYMENT TO: Dogwood: REGISTRATION Carberry Road and Park, IL 60035	n <b>LEASE NOTE</b> . E	Deposits and/or payment ot be processed before to but your reservation is sti Rates printed	the end of the 2016			
(31)	X (BOTH SIDES) TO: 2) 268-6170 o make your deposit or payment	I have read, understa & Payment terms for - and - I also understand the where noted ("coup signature(s)	and, and will adhere to the Ri und in the Dogwood brochurd at most rates are provided PE le rates") the fee applies to ea <b>' Visa, also complete t</b>	ules & Policies, as well as e and online at www.Cam R INDIVIDUAL HUMAN ach person in your room. date	pdogwood.com. and except		
[							
	I would like to charge \$ to the card listed below as a: <b>\[Delta Full Payment \[Deposit (\$200) \[Delta Other (\$) \]</b> Credit Card Number: Expiration Date:						
	Name as it appears on card:				sterCard		

Does this card have the same billing address you listed on registration? 
Yes No (if No...please also provide.)

OFFICE USE: Approval:\_\_\_\_\_ Reference:\_\_\_\_ Date:\_\_\_\_ Staff:\_\_\_\_\_

Cardholder Signature: \_\_\_\_

\_ Note:\_\_\_

or AMEX or DISCOVER