

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 SPRING CAMP 2017 • June 1 - 4, Lake Delton, WI

Name(s):	Age(s):	Circle Gender: <b>M F</b> Occupation(s):
Mailing Address:	City:	State: Zip:
Home Phone:	_ Cell Phone:	Work Phone:
	asy communications, and	<i>Du?</i> <b>Yes or No, I prefer all Dogwood materials to be mailed.</b> It to sign-up for our newsletter at www.CampDogwood.com for camp news!)
Emergency Contact & Phone:		Relationship:
Your Veterinarian's Name:		Veterinarian Office Phone:
FIRST TIME CAMPERS: Next, please indicate your metho and businesses that spread the w	d of originally finding ou ord about camp with ou	out about Camp Dogwood. We like to show our appreciation to camp alumn Ir Referral Program. See box at bottom of page for more information.
*If you answered <i>"the internet"</i> from where? ( <i>ie-</i> U	<b>no:</b> How'd you hear of lsed search engineSaw	It business?
<ul> <li>SPRING June 1 - 4, 2017         <ul> <li>Spring Camp runs Thursday - Sunday</li> <li>Extended: WEDNESDAY May 31, 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> <li>I require VEGETARIAN meals, please.</li> <li>For Double &amp; Group Accommodations, please list your roommate(s) below:</li> </ul>	<ul> <li>Single Occupancy</li> <li>Double Occupancy</li> <li>Double Occupancy</li> <li>Group Occupancy</li> <li>Check HERE () to</li> <li>LODGES (include pr</li> <li>Single Occupancy</li> <li>Double Occupancy</li> <li>Double Occupancy</li> <li>Group Occupancy</li> <li>Group Occupancy</li> <li>Check HERE () to</li> <li>ADDITIONAL FUL</li> <li>On-Site Tent Camp</li> <li>Off-Site Lodging (n Check HERE () to</li> <li>DAYPASS OPTION</li> <li>Single Day of Cam</li> <li>Single Day of Cam</li> <li>Two Days of Cam</li> </ul>	ctricity and beds. Bathrooms are very close-by)       \$635 /person         //

## \*\* 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.

are you planning on Please indicate bringing to camp?	<b>Dog #1</b> Name: Please indicate the following for <b>Dog #1</b> :	Age: Age: Male, or 🗅 Female	Breed: AND 🗳 Fixed, or 🖬 Intact
	<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					
Any factors we should consider as we pair room	nates?( <b>it applicable</b> )				
<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>		heck ALL that apply to your dog: My dog has been bitten by another dog My dog has bitten another dog My dog has bitten a person My dog marks territory outdoors My dog marks territory indoors			
For Obedience:	Please check ALL that a	pply to your dog's personality.	· •		
□ I trained my dog by myself	Given Striendly	Separation Anxiety	Submissive	🖵 Runs Away	
□ I took my dog to obedience classes	Playful	Territorial	Dominant		
I worked with a private trainer	Energetic	Greatful	Needs "space"	Laid Back	
	U Well-mannered	Given My dog is Possessive of:	□Toys □Food ⊔Me	<u>و</u>	
Are there any topics, activities or suggestions for demonstrations that you have interest in?					
<ul> <li>To submit this application for the Camp Dogwood SPRING 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>					
RETURN COMPLETED WITH PAYMENT TO: Camp Dogwood: REGISTRATION 205 Barberry Road	* <b>PLEASE NOTE:</b> [] r <i>k</i>	Deposits and/or payments not be processed before th but your reservation is still	made with this form ne end of the 2016 I guaranteed.	n may	
Highland Park, IL 60035		Rates printed of	on this form are valid	d thru 12/31/16.	

OR FAX (BOTH SIDES) TO: (312) 268-6170

Rates printed of	on this form are valid thru 12/31/16.	
□ I have read, understand, and will adhere to the Ru	les & Policies, as well as the Cancellation	
<ul> <li>&amp; Payment terms found in the Dogwood brochure</li> <li>- and -</li> </ul>	and online at www.Campdogwood.com.	
I also understand that most rates are provided PER INDIVIDUAL HUMAN and except where noted ("couple rates") the fee applies to each person in your room.		
signature(s)	date	

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ .

## To make your deposit or payment by Mastercard or Visa, also complete the following information:...

I would like to charge $\qquad$ to the card listed below as a: $\Box$	Full Payment Deposit (\$200) Other (\$)	
Credit Card Number:	Expiration Date:	
Name as it appears on card:	VISA MasterCard.	
Cardholder Signature:	or AMEX or DISCOVER	
Does this card have the same billing address you listed on registration? 🗅 Yes 🛛 No (if Noplease also provide.)		

Date:\_

OFFICE USE: Approval:\_

Reference:\_\_\_\_\_

Staff:\_

\_\_\_\_\_

Note:\_