

FALL CAMP 2022 REGISTRATION FORM October 6 – 9, 2022 Extended Camp October 5th

· /	Age(s):	Gender: Male 🖵 Female 🖵	
Occupation(s):			
Mailing Address:	City:	State:Zip:	
Home Phone:	Cell Phone:	Work Phone:	
Email and electronic forms will be or	ır primary communication method	for sending/receiving camp information.	
E-mail Address:			
Emergency Contact & Phone:		Relationship:	
Your Veterinarian's Name:		Veterinarian Office Phone:	
Do you ever work/volunteer with do	gs? 🗖 Yes 📮 No — If yes: How	or with who?	
First Time Campers: How did you fi	nd out about Camp Dogwood?		
		?	
If you answered "the internet"fro	m where? (please be as specific as	possible)	
THE CAMP DOGWOOD REFERRAL PROG camp with our Referral Program. Get re	GRAM We like to show our appreciation warded with a \$25 credit for each 1	possible) to camp alumni and businesses that spread the word ew camper you refer to a full weekend program. V town about Camp Dogwood & reap the benefits!	about
THE CAMP DOGWOOD REFERRAL PROG camp with our Referral Program. Get re referrals based on camper application resp	GRAM We like to show our appreciation warded with a \$25 credit for each to ponses. Bring a friend or tell the whole	to camp alumni and businesses that spread the word ew camper you refer to a full weekend program. V	about Ve track
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CABINS (include electricity and beds. Bathr	ooms are very close-by)		Please check ALL		
☐ Single Occupancy		.\$795/person	that apply to your		
Double Occupancy			dog's personality:		
Double Occupancy for 2 members of sa			☐ Friendly		
☐ Group Occupancy (this is 3 or more Ca Check here ☐ to arrive on Wednesday, for		-	Separation AnxietySubmissive		
check here ato arrive on wednesday, for	EXTENDED CAIVIP	aud \$175/person	Runs Away		
LODGES (include private bathrooms, climat	e control and hotel-style accommo	dations.)	☐ Playful		
☐ Single Occupancy		.\$1095/person	☐ Territorial		
Double Occupancy			☐ Dominant		
Double Occupancy for 2 members of sa			☐ Nervous		
Group Occupancy (this is 3 or more—Ca			☐ Energetic		
Check here ☐ to arrive on Wednesday, for	EXTENDED CAIVIP	aud \$175/person	☐ Fearful		
ADDITIONAL FULL-PROGRAM OPTIONS (Including EXTENDED CAMP**)		☐ Needs "space"		
☐ On-Site Tent Camping (you provide tent		. \$695 /person	☐ Laid Back		
$lue{}$ Off-Site Lodging (make your own off-site		· · · · · · · · · · · · · · · · · · ·	☐ Well-mannered		
Check here $\ \Box$ to arrive on Wednesday, for	EXTENDED CAMP	add \$175/person			
DAVDACC OPTIONS			My dog is Possessive of:		
DAYPASS OPTIONS ☐ Single Day of Camp: FRIDAY only	¢	225 /nerson	☐ Toys		
☐ Single Day of Camp: SATURDAY only			☐ Food		
☐ Two Days of Camp: BOTH DAYS: 1 pers			☐ Me		
☐ Single Day of Camp: ONE DAY (circle:		•	<u> </u>		
□ Encounters other dogs on leashed walks □ A park/beach dog □ Successfully co-mingles at doggie daycare □ Participates regularly in organized dog event and there any topics, activities or suggestion Are YOU able to add anything we might was	✓ My dog h ✓ My dog m vents or activities ✓ My dog m ns for demonstrations that you have				
TO SUBMIT THIS APPLICATION FOR THE CAMP DOGWOOD FALL SESSION, PLEASE COMPLETE THIS FORM* **Return with your payment of a \$200 deposit* (per person, per camp) or full payment. Your \$200 deposit holds a guaranteed reservation (based on availability). Any balance must be paid-in-full at least 90 days before this session. ** Sign your name in the box below indicating you understand our "Rules & Policies" (can be found online). *Note: Deposits are NOT REFUNDABLE & NON-TRANSFERABLE. All rates and fees are subject to our "Cancellation & Payment" terms found within Camp Dogwood's "Rules & Policies". Any issues or questions about payment policies should be addressed prior to registering. Registration forms without a deposit will not be processed or held. **RETURN COMPLETED WITH PAYMENT TO: **Camp Dogwood: Registration, 205 Barberry Road, Highland Park, IL 60035 or FAX both sides to: (312) 268-6170					
To make your denotit or navment by Mast	careard or Vica, complete the follow	wing information. Brint lo	gibly		
To make your deposit or payment by Mast	-	_			
I would like to charge \$to t					
Credit Card Number:					
Name as it appears on card:		_			
Does this card have the same billing address	you listed on registration? 🖵 Yes 🗆	No (if no, please provide)			
☐ I have read, understand, and will adhere Dogwood brochure and online at www.Can INDIVIDUAL HUMAN and except where no	npdogwood.com and - I also unde	erstand that most rates ar	e provided PER room.		
Signature(s)	Date		Master Card VISA AMERICAN DISCOVER		

Signature(s)______Date___