



Camp Horseshoe, LLC  
PO Box 1938  
Highland Park, IL 60035  
Tel: 847.433.9140  
Fax: 847.433.9145  
www.camphorseshoe.com

**ENROLL ONLINE @**  
camphorseshoe.com/enroll

# ENROLLMENT APPLICATION

## Camper Information

1. Camper's Name (first, last): \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Full Session: June 20 - Aug. 12     1st Session: June 20 - July 15     2nd: Session: July 17 - Aug. 12

2. Camper's Name (first, last): \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Full Session: June 20 - Aug. 12     1st Session: June 20 - July 15     2nd: Session: July 17 - Aug. 12

3. Camper's Name (first, last): \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Full Session: June 20 - Aug. 12     1st Session: June 20 - July 15     2nd: Session: July 17 - Aug. 12

Camper's Home Address: \_\_\_\_\_

Street, City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

## Parent Information

Parents Are:  Living Together     Living Separately

Name of Parents or Guardian (Mr., Mrs., Ms., Dr., etc.): \_\_\_\_\_

Mother's name (first, last): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email (required): \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's Name (first, last): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email (required): \_\_\_\_\_

Occupation: \_\_\_\_\_

Invoices Should Be Sent To :  Mother     Father

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

## 2011 Dates

Full Season: June 20 – August 12  
1st Session: June 20 – July 15  
2nd Session: July 17 – August 12  
Visiting Weekend: July 15 – 16

## 2011 Tuition

Full Season: \$7700  
4 Weeks: \$4800

## Supplementals

Canteen Account: (unused portion will be refunded)  
Full Season: \$250  
4 Weeks: \$150  
Bus Transportation to/from camp: \$200 Round Trip  
Guide and Ranger Village (completing grades 7-10):  
Overnight trip programs are additional.

## Sibling Credit

Full Season: \$100  
4 Weeks: \$50

## Payment Schedule

\$1000 Deposit *per camper* with application  
\$1000 Payment *per camper* by January 15, 2011  
Balance by April 1, 2011

## Pay by Check

Please make your check payable to:  
Camp Horseshoe, LLC  
PO Box 1938, Highland Park, IL 60035

## Pay by Credit Card

Camp Horseshoe also accepts VISA or MasterCard.  
Please charge the deposit and all other further  
payments according to the above schedule to:

VISA     MasterCard

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## IMPORTANT

Read and Sign the reverse side of this form.  
Please return this agreement with deposit/payment to  
secure enrollment.

## TERMS and CONDITIONS

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1. This contract shall not be valid unless signed below by the parent or guardian of the camper(s) and accompanied by the full deposit of \$1000 per camper. The deposit, less the \$250 processing fee, is refundable through December 1, 2010. After December 1, 2010, the entire deposit is non-refundable and non-transferable. The full balance shall be paid by April 1, 2011. Changes from 8 to 4 week enrollment must be made by December 1, 2010 to avoid a \$300 surcharge. All cancellations must be in writing.
2. Your child must be examined by your physician and all pertinent information must be submitted to the camp office on or attached to our medical form prior to his arrival at camp.
3. In the event that a parent or guardian cannot be contacted, the directors reserve the right to have the camper hospitalized or to use outside medical or dental aid. All such expenses are the responsibility of the parent or guardian.
4. The camper, his parents and relatives agree to abide by the rules and regulations set by the Camp for the health, safety and welfare of the campers. The Camp reserves the right, at their discretion, to withdraw any camper or family whose conduct and/or influence is detrimental to the health, safety or general operating procedures of the camp. If this occurs, no reduction or return of fee, or any part thereof, will be made.
5. There is no refund for late arrival or early departure from camp.
6. Camp Horseshoe is not responsible for personal property that is lost, stolen or damaged by laundry or other means while at camp or in transit.
7. The camp is not responsible for communications from employees past or present to children or parents online, via email or through Internet sites.
8. No cell phones or other electronic communication equipment permitted on camp property.
9. I give Camp Horseshoe permission to reproduce and publish any photograph, video or likeness of my child for advertising, commercial or any purpose.
10. I understand that part of the camping experience involves activities and group interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by the camp's rules. My child and I both agree that he is familiar with these rules and will obey them.
11. I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Oneida County, Wisconsin, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.

**I have read and agree to the terms outlined above.**

**Signature**

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**Date**

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### **Please complete and sign below**

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In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to, at my expense, hospitalize, secure proper treatment for, and or order injections, anesthesia, x-ray or surgery for my child(ren) listed below.

I authorize any physician, nurse or other health care provider, to communicate with the medical staff and director of Camp Horseshoe LLC, or his/her designee, about my child's medical condition, treatment, and/or prognosis. We further authorize the camp medical staff to discuss any medical conditions with the director, his/her designee, or the child's counselor when the medical staff, in its sole discretion, believes such communication to be in the best interest of the child.

**Signature**

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**Date**

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**Name(s) of Child(ren)**

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