



FANTASY CAMP APPLICATION

Camper Information

Camper's Name (first, last): _____

Birthdate: _____

I would like to bunk with: _____

T-shirt Size (Please circle): Adult S Adult M Adult L Adult XL Adult XXL

Campers' Home Address (street, city, state, zip): _____

Home Telephone: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____

Cell Phone: _____

FANTASY CAMP AGREEMENT

1. The camper agrees 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 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 there of, will be made.
2. Camp Horseshoe is not responsible for personal property that is lost, stolen or damaged while at camp or in transit.
3. I give Camp Horseshoe permission to reproduce and publish any photograph, video or likeness for advertising, commercial or any purpose.
4. I understand that part of the camping experience involves activities and group interactions that may be new to me. These things come with certain risks and uncertainties beyond what may be used to dealing with at home. I am aware of these risks, and I am assuming them. I realize that no environment is risk-free and so I understand the importance of abiding by the camp's rules. I am familiar with these rules and will obey them.
5. 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.

Please complete and sign below

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 myself.

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 medical condition, treatment, and/or prognosis.

We further authorize the camp medical staff to discuss any medical conditions with the director, his/her designee, when the medical staff, in its sole discretion, believes such communication to be in the best interest of myself.

Signature: _____ Date: _____



2011 Fantasy Camp Dates & Fees

Friday, June 10th - Sunday, June 12th

Tuition: \$300 for the weekend Including all meals, lodging, t-shirt and camp activities.

I would like to participate in the Friday Golf Shotgun Tournament. I understand I will be charged an additional \$60 and are welcome to stay at camp Thursday night.

Pay by Check

Please make checks payable to Camp Horseshoe, LLC.

Send application and full payment to:

Camp Horseshoe, LLC

PO Box 1938

Highland Park, IL 60035

Tel: 847.433.9140

Fax: 847.433.9145

www.camphorseshoe.com

Owners/Directors: Fran and Jordan Shiner

Pay by Credit Card

Camp Horseshoe also accepts VISA or MasterCard. Please charge full payment for Fantasy Camp to:

VISA MasterCard

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

CVW Code: _____

Billing Address: _____

Zip Code: _____

Signature: _____

Date: _____