



# ROOKIE WEEKEND APPLICATION

## Rookie Weekend Dates & Fee

Friday, June 27th thru Sunday, June 29th 2008

**Tuition: \$300 per camper**

Includes air-conditioned coach transportation  
and 3 Horseshoe t-shirts

Please make checks payable to Camp Horseshoe, LLC.

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

## Camper Information

Camper's Name (first, last):

Name Camper Likes To Be Called:

Present Age:

Birthdate:

Present School Grade:

School:

Camper's Email Address:

Camper's Home Address (street, city, state, zip):

Home Telephone:

Home Fax:

## 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:

## Terms

The Directors reserve the right, at their discretion, to withdraw any camper whose influence or actions are deemed unsatisfactory to the Camp or who will not live within the rules and policies of the Camp. If this occurs, no reduction or return of fee, or any part thereof, will be made.

Due to fixed costs and expenditures based on definite enrollment, no refunds or reduction can be made for entering late or withdrawing early.

In the event I cannot be reached in an emergency when my child is under Camp Horseshoe, LLC supervision, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and or order injections, anesthesia, or surgery for my child.

My child has permission to participate in all camp programs, camp trips and special outings planned and supervised by Camp Horseshoe, LLC.

I give Camp Horseshoe, LLC permission to reproduce and publish any photograph, video or likeness of my child for advertising, commercial or any purpose.

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.

It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in the courts of Oneida County, Wisconsin and shall be construed in accordance with the laws of the State of Wisconsin.

I have read and agree to the terms outlined above.

Signature

Date

Owners/Directors: Fran and Jordan Shiner