



Camp Juliette Low

2010 CAMPING SEASON

www.cjl.org

Please return application to: P.O. Box 5113, Marietta, GA 30061

If applying after May 25, send to 321 Camp Juliette Low Road, Cloudland, GA 30731

Winter Phone:
(770) 428-1062 FAX (770) 428-1302

Summer Phone:
(706) 862-2169 FAX (706) 862-6525

To help staff learn names, please attach a recent photo.

Camp fees are \$1,355.00 per two-week session and \$695.00 per one-week session. The CIT Program is \$1,025.00. Fees may be paid by check or credit card. A **\$125.00 non-refundable** deposit is due with the application. This deposit applies only to the camper named below and cannot be carried over beyond the 2010 camping season. The balance of the fee is due on or before May 1, although applications can be taken after this time. **(If applying after May 1, please enclose the total camp fee.)** After May 1 there will be no refunds of camp fees except in limited circumstances according to camp policy; a copy of the refund policy will be provided on request. The **\$125.00 deposit** remains non-refundable in all cases.

A 10% discount will be applied to the fee of a second camper from the same family; this discount is for one session only. You will be notified of any discounts that you receive from new camper referrals. On or before arrival at camp, it is recommended that at least **\$50.00** per session be put on deposit in the Camp Trading Post to cover the cost of craft supplies, laundry, candy, personal items, and CJL t-shirts.

IF ENROLLING BEFORE JANUARY 15, YOU ARE AN EARLY BIRD AND WILL RECEIVE A FREE T-SHIRT WHEN YOU GET TO CAMP. SHIRT SIZE (please circle) ADULT: S M L XL

Name _____ Name called _____

Address _____

City _____ State _____ Zip code _____

Phone AC() _____ Parent's email address _____

2009-2010 grade _____ School _____

Age on arrival at camp _____ Birthday (mo/day/year) _____

Special instructions: _____

CHECK SESSION(S) DESIRED — 2010 SEASON

All camper sessions are open to all ages (7 years old through current 9th/rising 10th graders), except Gypsy Week, which is limited to girls ages 7-9. Girls who have completed the 10th or 11th grade may attend CIT sessions.

- Session 1 (1 week) Sunday, June 6 - Saturday, June 12
- Session 2 (2 weeks) Monday, June 14 – Saturday, June 26
- Session 3 (1 week) Monday, June 28 – Sunday, July 4
- Session 4 (2 weeks) Monday, July 5 – Saturday, July 17
- Session 5 (2 weeks) Monday, July 19 - Saturday, July 31
- Gypsy Week (1 week, ages 7-9) Sunday July 25 – Saturday, July 31
- 1st CIT - Sunday, June 6 - Saturday, June 26
- 2nd CIT - Monday, July 5 – Saturday, July 25

At the Director's discretion, my daughter would like to have as a tentmate

(You may request one tentmate and one alternate. Please! no more than one year difference in age.)

This will be my daughter's _____ summer at CJL. Name of unit last in _____

My daughter will arrive at CJL by: Car Plane Other _____

Her luggage will arrive by: Car UPS

FOR FIRST-TIME CJL CAMPERS: Who influenced you to select CJL? (person or publication; please list no more than two individuals to share referral credit) _____

PLEASE ALSO COMPLETE REVERSE SIDE

An alumna camper is a girl whose mother or grandmother went to CJL. Is your daughter an alumna camper?
[] YES [] NO If yes, mother or grandmother's name as camper _____
Hometown as a camper _____ Current name and address _____

CAMP PROGRAM: Camp teaches the following activities: arts & crafts, archery, canoeing, sailing, drama, climbing wall, ropes course, hiking, outdoor living skills, tennis, horseback riding (English), swimming lessons, water fun and diving. Please identify and describe any physical limitations and/or restrictions that may affect your daughter's ability to participate in any of these camp programs, and describe any specific equipment, accommodations, facilities and/or staff that would be required to facilitate her participation, safety and well-being, so that the Director can determine whether the Camp can reasonably provide for her particular needs with its existing resources. Please use a separate sheet of paper if needed. _____

SPECIAL INFORMATION: Please provide any information about your daughter or her personality that you think would be helpful to us. Also please express any special desires you have for your daughter at camp, and what you expect her to gain from her camp experience. Use a separate sheet of paper if needed.

Can your daughter swim? _____ Is there any activity she is NOT to participate in? _____

Mother's name _____ Home phone AC() _____

Cell phone AC() _____

Mother's occupation _____ Bus. phone AC() _____

Father's name _____ Home phone AC() _____

Cell phone AC() _____

Father's occupation _____ Bus. phone AC() _____

Please tell us if parents are divorced, separated, or if either parent is deceased: _____

Sisters _____ Brothers _____

Names & Ages

Names & Ages

Emergency contact _____ Phone AC() _____

(Parents are contacted first) Name & Relationship

Hospitalization Insurance Company _____

Address _____ Policy # _____ Group # _____

If paying by credit card: I request that \$ _____ be charged to my account as follows:

VISA or MasterCard (circle one) Number _____

Expiration date _____ Signature _____

PARENT'S APPROVAL

I approve the application above and the conditions listed here and in the brochure, and I will endeavor to cooperate with camp officials in all respects. I am enclosing a **\$125.00 non-refundable** deposit. I understand that the remainder of the camp fee is to be paid by May 1. (If applying after May 1, I am enclosing the total camp fee.)

I agree to have my daughter, on opening day of Camp, present her health examination report properly completed by her family physician stating that she is free from communicable disease and has not been exposed to such diseases within a reasonable time prior to opening day of Camp. (Health forms will be mailed to parents in advance.)

I acknowledge the possibility, in spite of the best effort of the Camp and its staff to provide a safe and enjoyable program of activities, that an accident might occur in which my daughter might sustain an injury. I nevertheless approve of my child's participation in all activities except as noted above. In the event I cannot be reached in an emergency, I hereby give permission to the physicians selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.

The Camp has my permission to use any picture of my daughter made while at Camp, or any material that she may write about Camp, for promotional purposes. Daughter's name _____ Date _____

Signature _____ [] Mother [] Father [] Legal Guardian

The Camp Director reserves the right to reject any application at any time if and when she feels that it is in the best interest of the Camp to do so.