

# Victory Ranch

## 2010 Application for Enrollment

Mail To: Victory Ranch, P.O. Box 599, Bolivar, TN 38008

Phone: (731) 659-2880 Fax: (731) 659-2251

Visit us at [www.victoryranch.org](http://www.victoryranch.org)

Please attach recent  
picture of Camper here.  
Cut to fit inside this box.

**REQUIRED**

(for ID while at camp).

Summer 2010 Sessions		Grades Completed			Dates	Cost
<input type="checkbox"/>	Beginner Camp	Coed	4 Nights	K - 2	June 1 - June 5	\$700.00
<input type="checkbox"/>	Session 1	Coed	1 Week	1 - 7	June 6 - June 12	\$950.00
<input type="checkbox"/>	Session 2	Coed	1 Week	1 - 7	June 13 - June 19	\$950.00
<input type="checkbox"/>	Session 3	Boys	1 Week	1 - 7	June 20 - June 26	\$950.00
<input type="checkbox"/>	Session 4	Coed	1 Week	6 - 9	July 4 - July 10	\$950.00
<input type="checkbox"/>	Session 5	Girls	1 Week	1 - 7	July 11 - July 17	\$950.00
<input type="checkbox"/>	Session 6	Coed	1 Week	1 - 7	July 18 - July 24	\$950.00

Multiple Session Pricing: 2 weeks \$1,750.00, 3 weeks \$2,500.00, 4 weeks \$3,200.00

**\*Important:** This will be my camper's \_\_\_\_\_ year to attend Victory Ranch Summer Camp.

Camper's First Name (what camper goes by) \_\_\_\_\_ Camper's Last Name \_\_\_\_\_

Camper's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Business Phone \_\_\_\_\_ cell # \_\_\_\_\_

Mother's Business Phone \_\_\_\_\_ cell # \_\_\_\_\_

Camper's School \_\_\_\_\_

Grade Completed (as of June '09) \_\_\_\_\_ Age (at camp) \_\_\_\_\_ Date of Birth \_\_\_\_\_

(cont.)

One Bunkmate Request \_\_\_\_\_  
(First Name) (Last Name)

\*(You may request only **one** bunkmate in the same grade level/age group. **Parents of both campers must make the request.** Your name must be on your bunkmate's application.)

Camper is living with: Both parents  Father  Mother  Other

Father's First Name \_\_\_\_\_ Father's Last Name \_\_\_\_\_

Mother's First Name \_\_\_\_\_ Mother's Last Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

**Emergency Contact: (other than parent)**

Name of Contact \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

**REGISTRATION POLICY FOR 2010:**

- To enroll, we must receive your application and \$250.00 deposit.
- The balance is due in our office on or before May 1st for all campers not on the waiting list.
- Enrollment will not be complete until we receive your camper's Health History Form, which will be mailed to you (along with a camp information packet) upon receiving your application. This form must be returned by May 1st.
- We do not accept credit cards for tuition payment or deposit.
- **After May 1st we will take registrations until session is full.**

Withdrawal prior to May 1st, tuition less the deposit will be refunded. After May 1st, all fees should be considered due and no refunds shall be given.

The Directors reserve the right to dismiss a camper when it is deemed to be in the best interest of either the child or camp, or for violation of camp rules. No refund or reduction will be made for dismissal or withdrawal after May 1st.

**PARENT RELEASE (REQUIRED FOR 2010 ENROLLMENT):**

*I understand that there may be elements of risk associated with activities at Victory Ranch. I give permission for my child to participate in all activities at Victory Ranch and hereby release and agree to indemnify Victory Ranch, its affiliates, employees and agents from any and all claims, actions, liabilities, damages, costs, expenses and attorneys fees which may arise out of the Participant's participation in any and all activities at the Victory Ranch. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Victory Ranch directors to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. I give permission for the nurses to administer "over-the-counter" medications to my child if necessary.*

**Signature Required**

(This signature represents the legal guardian and person ultimately responsible for payment of the above camper.)

**FOR OFFICE USE ONLY:**

Acct #: \_\_\_\_\_ Date: \_\_\_\_\_ Camper ID: \_\_\_\_\_

Term: \_\_\_\_\_ Days: \_\_\_\_\_

Deposit Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Balance Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_