

Return by mail:

Camp Manitowa
P. O. Box 16613
St. Louis, MO 63105

Fax: 314-685-2368

or email:

dan@campmanitowa.com



**Summer 2018
Camp Registration**

Camper's Last Name: _____ First Name: _____ Middle Initial: _____

Age: _____ D.O.B.: ___/___/___ Gender: M F Grade Entering Fall 2018: _____

School: _____ Camper Email: _____

T-Shirt Size: Youth S - M - L - XL Adult S - M - L - XL

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Parent(s) are: Married | Divorced | Separated | Single | Widowed

Camper lives with: Mom | Dad | Both | Other _____

Parent/Guardian (1) Name: _____ Cell Phone: (____) _____

Home Phone: (____) _____ Work Phone: (____) _____

Email: _____

Address (only if different from camper mailing address): _____

City: _____ State: _____ Zip: _____

Parent/Guardian (2) Name: _____ Cell Phone: (____) _____

Home Phone: (____) _____ Work Phone: (____) _____

Email: _____

Address (only if different from camper mailing address): _____

City: _____ State: _____ Zip: _____

Has the camper attended a camp before? Yes No If yes, which camp? _____

Parent(s) attended camp? Yes - No If yes, which camp? _____

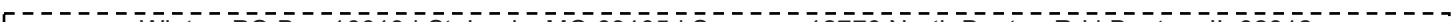
How did you hear about Camp Manitowa? _____

Medical / Release Information

By submitting this application, parent/guardian agrees to the following:

- Camp Manitowa may use any pictures or videos of camper for marketing purposes.
- Camp Manitowa may act or sign on my behalf in the event of a medical emergency.

Parent/Guardian Signature: _____ Date: ___/___/___



General Payment Information

- Deposit: \$200 (refundable up to 30 days from registration date).
- Full Payment due: May 1, 2017.
- Refund Policy: 1/2 payment refundable before June 1, 2017.
- Sibling Discount: \$100 off total amount due.
- Illinois hotel tax and usage fee \$15

Summer 2018 Session Dates

All sessions available for campers entering grades 2 - 9 in the fall of 2018. Smoky Mountain Trips are for rising 9th and 10th graders.

Please mark the sleep away camp session or sessions of your choice.

- Session 1: June 11 - June 24 (2 weeks) \$2015
- Session 2: June 25 - July 8 (2 weeks) \$2015
- Session 3: July 9 - July 22 (2 weeks) \$2015
- Session 1A: June 1 - June 17 (1 week) \$1115
- Session 2A: June 25 - July 1 (1 week) \$1115
- Session 3A: July 9 - July 15 (1 week) \$1115
- Smoky Mountains Adventure July 18-24 (1 week) \$1500 Camp
- Taste of Manitowa Camp: July 31-6 (1 week) \$515

___ Camp Nadav Aleph - Jewish camping: July 16-22 (1 week) \$485

___ Camp Nadav Bet - Jewish camping: July 23-29 (1 week) \$485

Transportation Fees

- Transportation fees of \$30 one way by bus from St. Louis \$30
- Transportation fees of \$60 round trip by bus from St. Louis \$60 (non-refundable)

Payment Information

Please enclose check or fill out credit card info for our files.

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- Full payment included with registration.
- \$200 deposit included, balance due by May 1.
- \$200 deposit included, paid monthly by credit card. Please fill out credit card info for our files.*
- I'd like to contribute to the Camp Manitowa Scholarship Fund
(Make separate check out specifically to "Camp Manitowa Scholarship Fund". Not tax deductible)

Credit Card Information

- Visa MasterCard Discover American Express

Amount to be charged: \$ _____

Amount to be donated to Camp Manitowa Scholarship Fund \$ _____

* If paying monthly: Please charge my credit card on the day of each month for \$ _____.

* Name as it appears on card: _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ Sec Code (on back): _____

Signature: _____

Or mail a check and this complete form to: Camp Manitowa - Po Box 16613 St. Louis, MO 63105