



CYO Camp Christopher Resident Camping Application 2010

Register Online! www.akroncyo.org/Programs/Camp_Christopher

One Camper per Application (or it will be returned). Please Print or Type. Feel Free to Copy.

DO NOT WRITE IN THIS SPACE
Date Rec'd _____
Deposit _____
Check # _____
Approval _____

Camper Last Name: _____ First Name: _____ M F

Street Address: _____ Apt. # _____ Check if New Address

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: (____) _____ Date of Birth: _____ Grade in the Fall 2010: _____

School: _____ Parish: _____

HOW DID YOU FIND OUT ABOUT US? School Church/PSR Friend/Family Website Returning Camper
 Newspaper: _____ Other: _____

Has camper attended Camp Christopher before? Yes No How long ago?: _____

Cabinmate Requests: _____

Does the camper have any special needs? If so, please list. Attach Sheets if necessary.: _____

CYO Camp Christopher reviews each application carefully. Safety of all campers is a priority at Camp Christopher. Where an applicant's history may place the applicant or other campers at risk of harm, that applicant will not be permitted to attend. Please disclose any history of applicant that involves violent behavior, delinquency, inappropriate sexual conduct or severe emotional disturbance: _____

If applying for Special Populations Camp, please call 1-800-CYO-CAMP to have a brochure & application mailed to you.

Resident Camp (Voyage & Advanced) Fee: \$395 Stables Adventure: \$500 Express: \$200

DEPOSIT: \$100-Nonrefundable - Balance due 2 weeks prior to session. PLEASE CALL FOR INFORMATION ON FINANCIAL ASSISTANCE

DISCOUNTS: Early Bird Rate (Up to May 7, 2010) - Deduct \$10.00 Per Person
Additional Weeks - Deduct \$10.00 from 2nd & additional weeks
Referrals - \$5 Camp Store Certificate

You may also make a donation that goes DIRECTLY to providing financial assistance (Camperships) to other campers. Simply add it to your total. Thank you!
\$5 \$10 \$25 Other: _____

2010 Resident Camping Dates

Total weeks Camper will attend

REFERRED BY: _____

Check all Sessions you plan on attending

Session	1. June 27-July 3	2. July 11 - 17	3. July 18 - 24	4. July 25 - 31	5. August 1 - 7	6. August 8 - 14	7. August 15 - 21
Resident Camp (Voyage & Advanced)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stables Adventures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Express Camp	<input type="checkbox"/> JUNE 27-30 AGES 7-9	<input type="checkbox"/> JUNE 30-JULY 3 AGES 10-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Note: Due to the volume of requests, some weeks close early. Could you list other choices for us?

Second Choice (Session & Date): _____ Third Choice: _____

Holdover Weekends: Any camper spending the weekend between sessions will be charged a weekend holdover fee of \$70.00 unless camper is picked up on Saturday morning. Holdover weekends are only available *following* weeks 2-6.

My child WILL stay at camp for holdover weekend My child WILL NOT be staying at camp for holdover weekend

PAYMENT INFORMATION Amount Enclosed: \$ _____
Please make check or money order payable to: "CYO"
Send no cash in mail. \$25 fee for all NSF checks & declined credit cards.
Payment Method: Check Credit Card
MC or Visa Number _____
Exp. Date: _____ 3-Digit Auth. Code (on back of card): _____ *No other credit cards please*
Signature: _____
Print Name: _____

PARENT OR GUARDIAN SIGNATURE - Required to Process Application

Print Name: _____
Employer: _____ Wk. Phone: _____
Rel. to Camper: _____ Cell Phone: _____
E-mail: _____

Return to:
CYO Camp Christopher, 812 Biruta St., Akron, OH 44307
330-376-CAMP(2267) • 800-CYO-CAMP(296-2267)
fax (330) 762-2001 • campregistrar@clevelandcatholiccharities.org