

Application for CDS Boston Centre's

You can also register online at <<http://www.cds-boston.org/camp.html>>.

*First Weekend at Pinewoods Camp: June 19-21, 2009*

Contact Person: \_\_\_\_\_ Coming for first time? Y / N  
 Street Address: \_\_\_\_\_ Age: \_\_\_\_ (as of 6/18) M / F  
 City, State, Zip: \_\_\_\_\_ Dietary (circle): Veg Omni Special  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Job pref: \_\_\_\_\_

*Please provide address, email, and/or phone for the following campers ONLY if different from info above.*

CAMPER 2: \_\_\_\_\_ Coming for first time? Y / N  
 Street Address: \_\_\_\_\_ Age: \_\_\_\_ (as of 6/18) M / F  
 City, State, Zip: \_\_\_\_\_ Dietary (circle): Veg Omni Special  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Job pref: \_\_\_\_\_

CAMPER 3: \_\_\_\_\_ Coming for first time? Y / N  
 Street Address: \_\_\_\_\_ Age: \_\_\_\_ (as of 6/18) M / F  
 City, State, Zip: \_\_\_\_\_ Dietary (circle): Veg Omni Special  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Job pref: \_\_\_\_\_

CAMPER 4: \_\_\_\_\_ Coming for first time? Y / N  
 Street Address: \_\_\_\_\_ Age: \_\_\_\_ (as of 6/18) M / F  
 City, State, Zip: \_\_\_\_\_ Dietary (circle): Veg Omni Special  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Job pref: \_\_\_\_\_

\*\* For additional campers or special instructions, please attach a separate sheet of paper.

**HOUSING:** *We'll do our best to honor requests but can't make guarantees.*

Roommate/housing preference(s): \_\_\_\_\_

**PARENTS:** Want to use the traveling monitors service? Y / N

❖ **Workshops:** Would like to lead: \_\_\_\_\_ (please be specific)  
 Would like to request: \_\_\_\_\_

❖ **Scholarships:** Would like information about:  dishwashing  traveling monitor

❖ **Arrival time:** **Friday:**  3-6 pm  for dinner  after dinner  **Other** (when?) \_\_\_\_\_

❖ **Departure:**  need to leave **before dinner** on Sunday

❖ **Rides:**  can offer  need ride **Any smokers?** Y / N

**REGISTRATION CONFIRMATION:**

OK to receive confirmation **by email** at above address  prefer to receive confirmation **by U.S. mail**

	CDS-BC		Amt Enclosed	
	Member?	TOTAL FEE	(deposit or total)	Balance Due
CONTACT	Y / N	\$ _____	_____	_____
CAMPER 2	Y / N	\$ _____	_____	_____
CAMPER 3	Y / N	\$ _____	_____	_____
CAMPER 4	Y / N	\$ _____	_____	_____
TOTAL(s)		\$ _____	_____	_____
		<b>DUE BY:</b>	<b>April 1</b>	<b>June 1</b>

Please make checks payable to:  
**Country Dance Society, Boston Centre**

Send payment and application to:  
**Donna Bednar, Registrar**  
**45 Flat Rock Hill Rd**  
**Old Lyme, CT 06371**