

Application for CDS Boston Centre's  
*First Weekend at Pinewoods Camp: June 18-20, 2010*

<b>Contact Person:</b> _____ Coming for first time? Y/N <b>Street Address:</b> _____ <b>City, State, Zip:</b> _____ <b>Email:</b> _____ <b>Phone:</b> _____	Age: _____ (as of 6/18) M/F Veg/Omni/Special: _____ Job Preference: _____
--	---

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

<b>CAMPER 2:</b> _____ Coming for first time? Y/N <b>Address:</b> _____ <b>Email:</b> _____ <b>Phone:</b> _____	Age: _____ (as of 6/18) M/F Veg/Omni/Special: _____ Job Pref: _____
---	---

<b>CAMPER 3:</b> _____ Coming for first time? Y/N <b>Address:</b> _____ <b>Email:</b> _____ <b>Phone:</b> _____	Age: _____ (as of 6/18) M/F Veg/Omni/Special: _____ Job Pref: _____
---	---

<b>CAMPER 4:</b> _____ Coming for first time? Y/N <b>Address:</b> _____ <b>Email:</b> _____ <b>Phone:</b> _____	Age: _____ (as of 6/18) M/F Veg/Omni/Special: _____ 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  lifeguard helper  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 Member?	TOTAL FEE	Amt Enclosed (deposit or total)	Balance Due
CONTACT	Y / N	\$ _____	_____	_____
CAMPER 2	Y / N	\$ _____	_____	_____
CAMPER 3	Y / N	\$ _____	_____	_____
CAMPER 4	Y / N	\$ _____	_____	_____
<b>TOTAL(s)</b>		\$ _____	_____	_____
	<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**