

Application for CDS Boston Centre's
First Weekend at Pinewoods Camp: June 13-15, 2008

Contact Person: _____ Coming for first time? Y/N Street Address: _____ City, State, Zip: _____ Email: _____ Phone: _____	Age: _____ (as of 6/13) M/F Veg/Omni/Special: _____ Job Preference: _____
--	---

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 Address: _____ Email: _____ Phone: _____	Age: _____ (as of 6/13) M/F Veg/Omni/Special: _____ Job Pref: _____
---	---

CAMPER 3: _____ Coming for first time? Y/N Address: _____ Email: _____ Phone: _____	Age: _____ (as of 6/13) M/F Veg/Omni/Special: _____ Job Pref: _____
---	---

CAMPER 4: _____ Coming for first time? Y/N Address: _____ Email: _____ Phone: _____	Age: _____ (as of 6/13) 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	\$ _____	_____	_____
TOTAL(s)		\$ _____	_____	_____
		DUE BY:	March 15	June 1

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