

Application for July 4 Weekend at Pinewoods

Please use back for additional campers.

	Camper #1	Camper #2
Name:		
Address:		
City:		
State/Province:		
Zip/Post Code:		
Daytime Phone:		
Evening Phone:		
Cell Phone:		
Email Address:		
Age:		
CDS-BC member by 4/16:	Yes No	Yes No
Omit from Camper list: <small>(The camper list is printed and distributed to all July 4 campers. If you prefer, we will omit your information as indicated. The default phone number for the camper list is the evening phone).</small>	Entirely My address My phone My email address	Entirely My address My phone My email address
Phone for Camper List:	Please circle the phone number you would like included on the camper list.	
Circle all that apply:	Vegetarian Smoker New to Camp	Vegetarian Smoker New to Camp
Dietary Restrictions:		
Medical Conditions:		
Housing/Roommate Request: <small>(Please indicate roommate, even if you are both on this same form. General housing requests are easier to accommodate – quiet, Round Pond, etc.)</small>		
Job Preference: <small>(Again, general requests are easier to accommodate – no early mornings, lunch preferred, etc.)</small>		
Need ride:		
Can offer ride:		
My contact info may be given out selectively to possible riders:		
Need directions:		
Attending ESS:		
Attending FAC session:		
Need work-exchange application:		
Can <u>definitely</u> do pre-dinner job on Thursday:		
Expect to arrive in time for dinner Thursday:		
Expect to stay for breakfast Monday:		

FEE SCHEDULE:

- If full payment is received **by April 16:** \$295.00 for CDS-BC members, \$315.00 for non-members
- If full payment is received **after April 16:** \$305.00 for CDS-BC members, \$325.00 for non-members
- Payment in full is required by June 1.
- Applications submitted before June 1 must include a minimum deposit of \$50.00 per camper.

Payment in full of July 4 fees: _____
 Deposit towards July 4 fees: _____
 Donation for July 4 scholarships*: _____
 TOTAL enclosed: _____

*Donations to CDS-BC, a 501(c)(3) corporation, are fully tax-deductible. Your support really helps – many thanks.

	Camper #3	Camper #4
Name:		
Address:		
City:		
State/Province:		
Zip/Post Code:		
Daytime Phone:		
Evening Phone:		
Cell Phone:		
Email Address:		
Age:		
CDS-BC member by 4/16:	Yes No	Yes No
Omit from Camper list: (The camper list is printed and distributed to all July 4 campers. If you prefer, we will omit your information as indicated. The default phone number for the camper list is the evening phone).	Entirely My address My phone My email address	Entirely My address My phone My email address
Phone for Camper List:	Please circle the phone number you would like included on the camper list.	
Circle all that apply:	Vegetarian Smoker New to Camp	Vegetarian Smoker New to Camp
Dietary Restrictions:		
Medical Conditions:		
Housing/Roommate Request: (Please indicate roommate, even if you are both on this same form. General housing requests are easier to accommodate – quiet, Round Pond, etc.)		
Job Preference: (Again, general requests are easier to accommodate – no early mornings, lunch preferred, etc.)		
Need ride:		
Can offer ride:		
My contact info may be given out selectively to possible riders:		
Need directions:		
Attending ESS:		
Attending FAC session:		
Need work-exchange application:		
Can <u>definitely</u> do pre-dinner job on Thursday:		
Expect to arrive in time for dinner Thursday:		
Expect to stay for breakfast Monday:		

Make checks payable to: **Country Dance Society, Boston Centre (CDS-BC)**

Include with your application: **Payment**
Self-addressed business-sized ENVELOPE with \$.63 POSTAGE

Mail to: **Karen Axelrod**
46 Harrison Ave.
Northampton, MA 01060