

**2010 APPLICATION FOR ENROLLMENT**

Office Record  
 Date: \_\_\_\_\_  
 Confd: \_\_\_\_\_  
 Fee: \_\_\_\_\_  
 Rep: \_\_\_\_\_

**Celebrating  
 52 Years of  
 Camping**  
 256.634.4404



**High Atop  
 Lookout  
 Mountain**  
 www.alpinecamp.com

PLEASE  
 ATTACH  
 A  
 RECENT  
 SNAPSHOT

**CAMPER INFORMATION** (Please print or type)

Boy's Full Name: \_\_\_\_\_ (Please print full name.) Likes to be Called: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Grade ('09-'10 School Year): \_\_\_\_\_ Please note here if you would like your son grouped  
 Birth Date: \_\_\_\_\_ in a cabin with a grade other than his '09 - '10 grade: \_\_\_\_\_  
 MM / DD / YY

School: \_\_\_\_\_ School Ph: ( ) \_\_\_\_\_ Teacher: \_\_\_\_\_

Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Check here if you would like your son to attend Catholic Mass in Fort Payne, AL.

Has your son attended camp before? If so, where and how long? \_\_\_\_\_

Name and age of brother(s): \_\_\_\_\_ Sister(s): \_\_\_\_\_

Cabin Requests: Directors are not able to guarantee cabin requests. Deadline for changes: 4 weeks prior to Opening Day.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Activities to be **Encouraged**: \_\_\_\_\_

Can Your Son Swim?  Yes  No Activities to be **Restricted**: \_\_\_\_\_

**CHECK SESSION**

- JUNIOR CAMP** (1<sup>st</sup> – 5<sup>th</sup> Grade, 11 Days – **Wed, June 2, 2010 – Sat, June 12, 2010**) .....\$2,100.00
- FIRST TERM** (2<sup>nd</sup> – 9<sup>th</sup> Grade, 26 Days – **Mon, June 14, 2010 – Fri, July 9, 2010**) .....\$3,980.00
- SECOND TERM** (2<sup>nd</sup> – 9<sup>th</sup> Grade, 26 Days – **Mon, July 12, 2010 – Fri, August 6, 2010**) .....\$3,980.00
- Horsemanship Program** (First & Second Term Campers: 5<sup>th</sup> – 9<sup>th</sup> Grades Only) ..... \$85.00

**PARENT INFORMATION**

**Mother:** \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Ph: \_\_\_\_\_

**Father:** \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Mother Living?  Yes  No Father Living?  Yes  No Marital Status: \_\_\_\_\_

Custodial Parent: \_\_\_\_\_ Mailing Title (e.g. Mr. & Mrs.; Ms., Dr. & Mrs.): \_\_\_\_\_

Billing Name & Address (if different): \_\_\_\_\_

Please tell us who recommended Alpine Camp to you and/or how you found out about Alpine: \_\_\_\_\_



**Mail Application with \$500 Registration Fee to:  
 Alpine Camp for Boys, P.O. Box 297, Mentone, AL 35984-0297  
 FedEx/UPS to 138 County Road 619, Mentone, AL 35984**



# 2010 APPLICATION FOR ENROLLMENT

Please relate special information concerning your son and your goals for your son's camping experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please check all that apply to your son:

ADHD \_\_\_\_\_ ADD \_\_\_\_\_ Asthma \_\_\_\_\_ Bedwetting\* \_\_\_\_\_ Diabetes \_\_\_\_\_ Seizures \_\_\_\_\_ Allergies \_\_\_\_\_

\*Please Send (3) Extra Sets of Sheets

If Yes to any of the above, please provide additional information: \_\_\_\_\_

Are there any dietary or other health issues that will require special attention at camp?  Yes  No

If yes, please explain in detail on a separate sheet. Alpine Camp is not equipped to accommodate rigid dietary needs (i.e. gluten free diets, etc.) and certain special health needs. Please contact the Directors for consultation on your son's ability to attend camp.

New Campers, please provide two (2) non-family references:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## PARENT'S AGREEMENT

- ◆ I agree to support the final decision of the Directors in their cabin assignment of my son.
- ◆ For your convenience, we are offering 2 payment options. Please select the option that best suits your family by checking the appropriate box above **ONE** of the following payment plans:

<input type="checkbox"/> <b>TRADITIONAL PLAN</b> \$500 Due with Application Payment #1 – \$500 due – 02/01/10 Payment #2 – Bal Due – 05/01/10 Spending Money – Due – 05/01/10	OR	<input type="checkbox"/> <b>JR CAMP PAYMENT PLAN</b> \$500 Due with Application Payment #1 – \$400 due – 11/01/09 Payment #2 – \$400 due – 02/01/10 Payment #3 – \$400 due – 04/01/10 Payment #4 – \$400 due – 05/01/10 Spending Money - \$125 due – 05/01/10	OR	<input type="checkbox"/> <b>1<sup>st</sup> &amp; 2<sup>nd</sup> TERM PAYMENT PLAN</b> \$500 Due with Application Payment #1 – \$870 due – 11/01/09 Payment #2 – \$870 due – 02/01/10 Payment #3 – \$870 due – 04/01/10 Payment #4 – \$870 due – 05/01/10 Spending Money - \$150 due – 05/01/10
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- ◆ I understand that the camp fee is \$2,100 for Junior Camp; \$3,980 for First (1st) Term and \$3,980 for Second (2nd) Term. I understand and agree with the payment schedules offered to me above. The \$500 deposit due with the application is refundable through December 31, 2009 (less a \$100 processing fee). An additional \$500 is refundable through March 1, 2010. One-half of the full tuition will be refunded on cancellations received after May 1, 2010. There is no refund for late arrivals or early departures. Make all checks payable to Alpine Camp for Boys, Inc.
- ◆ In addition to the camp fee, each camper will have a spending money account which will be due on May 1, 2010. Spending money charges include deductions for Trip Day, cabin pictures, extra toiletries, etc. Unused funds/account overruns will be refunded/billed at the end of camp.
- ◆ I approve the application above and the conditions listed therein, and I hereby certify that my child is of good moral character. He has permission to engage in all activities, unless otherwise noted.
- ◆ I understand that the Director reserves the right to dismiss or refuse to admit any boy whose presence would be detrimental to the best interest of Alpine Camp. There is no refund for early dismissal.
- ◆ I grant permission for Alpine Camp to use my child's likeness on the Camp website and other Camp promotions.
- ◆ In enrolling my son for the 2010 session of Alpine Camp and realizing that Alpine Camp will always contact me if I am available, I hereby give my permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child in the event of a medical emergency.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## CAMPER'S AGREEMENT

- ◆ If I am accepted, I promise to follow the rules and regulations of Alpine Camp. I understand that the use or possession of alcohol, tobacco or drugs; the use or possession of a cell phone; and stealing result in immediate dismissal from camp.

**Camper Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## REGISTRATION POLICIES

**1<sup>st</sup> Priority:** *Returning 2009 Alpine campers.* In order to guarantee a spot for the 2010 season, returning 2009 campers must submit an Early Bird Enrollment card along with the \$500 registration fee postmarked by September 15, 2009. Returning campers changing terms have the next priority.

**2<sup>nd</sup> Priority:** Applications from the 2009 waiting list, 2009 cancellations, siblings of campers, and sons of Alpine Camp alumni (camper or staff).

**3<sup>rd</sup> Priority:** All other applications. First time applications are kept in a separate file in the order in which they are received up until Sept. 15, 2009.

- After September 15, 2009, all applications receive the same priority and are placed on a first come/first served basis.
- Registration is not complete without a \$500 registration fee.
- 15% Discount for children of Ministers



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