

2019 APPLICATION

WINTER OFFICE
P.O. Box 1010, Sparks, MD 21152
(410) 329-5995
(410) 329-5095 (fax)
www.skylemar.com • info@skylemar.com

SUMMER OFFICE
457 Sebago Road, Naples, ME 04055
(207) 693-6414
(207) 693-3865 (fax)
www.skylemar.com • info @skylemar.com

| We/I enroll our/my child in the CAMP SKYLEMAR 2019 season, grant permission | for him to participate in all activities, and agree to pay tuition as follows |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------|

| | \$13,350 | Full Session | (Monday, June 24 | 4 – Friday, August 9) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | \$9,150 | 1st Session | (Monday, June 24 | 4 – Tuesday, July 16) |
| | \$9,150 | 2 nd Session | (Wednesday, July | 717 – Friday, August 9) |
| May 1, 2019. Fee for spendicamp are additional. The enre | ng account is \$350 for Ful ollment deposit and any ad inless the vacated space is f | l and 2 nd Session; \$250 vanced tuition payment | for 1st Session. Any applicable stare refundable until January 1, 2 | o January 1, 2019. Remaining balance is due by sales tax and optional transportation to and from 2019. Thereafter tuition will not be refunded for inistrative fee of \$400. Tuition is not refundable |
| Camper's Name | | Date of Birth | | |
| Camper's Address | | | | |
| School | | Grade as of September 1, 2019 | | |
| Mother's Name | | | Father's Name | |
| Address | | | Address | |
| Home Phone | | | Home Phone | |
| Work Phone | | | Work Phone | |
| Cell Phone | | | Cell Phone | |
| Fax | | | Fax | |
| Email | | | Email | |
| to the camper or the camper's paractivities offered by Camp Skylen child custody or parental visitatic Camp, the Camp owners, director that may be incurred by this camp sole discretion, by giving notice of occur if the Camp has reason to its possession by the camper is ill | rents for such use. Our/my signar including travel in camp von limitations; (iv) we/I agree rs, counselor staff and other en per as a result of participation of such cancellation and refund believe that the camper is conclegal. This application shall be e appropriate superior court in | nature(s) indicates that (i) wehicles; (ii) wel/ consent to release any claim wel/ inployees with regard to any in camp activities; (v) thing the amount paid; (vi) the ading any item that may construed and governed the county in Maine wher | we/I understand that there are risks of to our/my child's participation in all may have against, and, further agrees claims, including the claims by the case Camp reserves the right to cancel the Camp may search this camper's pose a risk to the health or safety of the by the laws of the state of Maine. Any set the laws of the state of Maine. | e the camp or the camp's interest without compensation foodily injury to our/my child from participation in the such activities; (iii) Camp Skylemar will be notified of to indemnify and to hold harmless in all respects, the imper named in this application for injuries or damage my enrollment prior to the beginning of a session, at it issessions with or without cause. For example, this may camper or another person, is not permitted in camp of suit resulting from a dispute arising hereunder shall be will so permit, in the Federal District Court. The camp |
| | Enclosed is a check | k payable to Camp | Skylemar for \$ | |
| Parent Signatu | ire | | | Date |
| Parent Signatu | ıre | | | Date |