



Family Camp Registration Form 2012

Primary Contact _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____ Home E-mail _____

People Living in Cabin (up to 14)

Full Name	Sex	Age and date of birth (if child)	Cell # if Applicable
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

Payment Information

Please make check payable to *The School of Swimming*

\$1500 per cabin (\$200 for each additional person over 5)——Total Payment is due by May 15——Cancellations received by April 1st will receive full refund. Cancellations after April 1st will receive full refund minus deposit.

\$200 Deposit or Total payment of \$_____ enclosed

Children under 2 should not attend.

Signature

Date

Note: More information on back

Winter (Dec.—May): P.O. 265, Rocky Hill, CT 06067 860 563-2804
Summer (June—Nov.) P.O. 230, East Machias, ME 04630 207 255-3116

Photo Release

Camp Eagle Wing will be publishing a camp newsletter, posting pictures on our camp bulletin board, on our camp website, and using pictures for camp brochures. Please check and sign below to indicate whether we have permission to use your family's photo for these purposes.

Yes, I give permission for my family's picture to be used as stated above.

No, I do not give permission for my family's picture to be used as stated above.

Parent or guardian's signature

Date

**1. After completing this form please click submit on the top of this page.
You will receive a confirmation the following day.**

2. Send in the mail to us:

- A. A signed copy of this completed form.**
- B. \$200 registration fee (refundable until Jan. 1)**

**Send to: Camp Eagle Wing
 PO Box 265
 Rocky Hill, CT 06067**

If you have any questions please contact us.

Phone—(207) 255-3116

Email—campoffice@campeaglewing.com