

# Stream Scholars Summer Camp 2015 Registration Form

## Parents/Guardians Information:

Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Camper Information:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade (Fall 2015): \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

School: \_\_\_\_\_

## Scholarship Request:

Amount: \$ \_\_\_\_\_ Explain how it would help: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please have your child write a one page letter as to why s/he would like to attend camp, what they would like to learn, and if they have ever attend camp before. Mail letter with registration form.

**Parent/Guardian Permission:** I have reviewed this form and understand that the Stream Scholars Summer Camp will involve supervised activities outdoors, in a classroom setting, and water activities.

\_\_\_\_\_ has my permission to participate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Please Send Registration Form and Minimum \$25 Registration Check to:

Cacapon Institute  
10 Rock Ford Road  
Great Cacapon, WV 25422

## **Withdrawal Policy for Camp:**

If you withdrawal from camp one (1) week in advance you will receive a refund minus the \$25 registration fee. No refund will be provided after June 29, 2015.

