



# Fleur de Lis Camp

## 2008 Registration Form

I am applying for enrollment at Fleur de Lis Camp for the following session:

- 4 Weeks (6/21-7/19)
- 4 Weeks (7/20-8/17)
- 6 Weeks (6/21-8/2)
- 6 Weeks (7/6-8/17)
- 8 Weeks (6/21-8/17)

- \*2 Week Starter (6/21-7/5)
- \*2 Week Starter (7/6-7/19)
- \*2 Week Starter (7/20-8/2)
- \*2 Week Starter (8/3-8/17)

\*Our two week starter program is limited to a small number of campers aged 8-12 as a first-time experience only.\*

**Please see reverse side for rates and conditions.**  
**\*Note: Parent Signature is Required on Reverse Side\***

### CAMPER INFORMATION:

|                        |                |                                  |     |         |
|------------------------|----------------|----------------------------------|-----|---------|
| Camper's Full Name     |                | Nickname                         |     |         |
| Camper Email           |                | Date of Birth: Month/Day/Year    |     |         |
| Primary Street Address | City           | State                            | Zip | Country |
| Home Phone             | Current School | Grade completed by start of camp |     |         |

### PARENT INFORMATION:

|                |            |                |            |
|----------------|------------|----------------|------------|
| Parent 1 Name  |            | Parent 2 Name  |            |
| Address        |            | Address        |            |
| Home Phone     | Cell Phone | Home Phone     | Cell Phone |
| E-Mail Address | Work Phone | E-Mail Address |            |

Are parents separated/divorced?  If Yes, camper lives with \_\_\_\_\_

Please send all billing information to: \_\_\_\_\_

Please send camp information and correspondence to: \_\_\_\_\_

We learned about Fleur de Lis through \_\_\_\_\_. This is my child's \_\_\_\_\_ year at FdL.



*Fleur de Lis Camp*  
 120 Howeville Road, Fitzwilliam, NH 03447-3465  
 Phone: 603 585-7751 Summer Fax: 603 585-7751  
 Website: [www.fleurdeliscamp.org](http://www.fleurdeliscamp.org) e-mail: [information@fleurdeliscamp.org](mailto:information@fleurdeliscamp.org)





# Fleur de Lis Camp

## 2008 EARLY BIRD SPECIAL RATES

Registration Form and Deposit must be returned by November 15, 2007

|                       |               |                       |               |
|-----------------------|---------------|-----------------------|---------------|
| <b>8 Week Session</b> | <b>\$5200</b> | <b>6 Week Session</b> | <b>\$4200</b> |
| <b>4 Week Session</b> | <b>\$3000</b> | <b>2 Week Session</b> | <b>\$1980</b> |

## 2008 TUITION RATES

These rates apply when returning Registration Form and Deposit after November 15, 2007

|                       |               |                       |               |
|-----------------------|---------------|-----------------------|---------------|
| <b>8 Week Session</b> | <b>\$5720</b> | <b>6 Week Session</b> | <b>\$4620</b> |
| <b>4 Week Session</b> | <b>\$3300</b> | <b>2 Week Session</b> | <b>\$2180</b> |

A \$350.00 non-refundable deposit is required with registration and will be credited to tuition. The tuition balance is payable in three equal installments by February 15, April 15 and May 15.

I have enclosed my \$350.00 non-refundable deposit with my daughter's application and agree to the camp rates and fees as outlined in the enrollment information above. I understand that I will not receive a refund for additional camp tuition after May 1. In addition, I understand that no tuition adjustments or refunds shall be made should my daughter require to leave camp before her session expires, except in the case of injury or illness incurred at camp.

I understand that my daughter's photograph may be used for camp informational and marketing purposes.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Returning Parents- Check here if you are willing to be a buddy family for a new camp family.**

**New Parents- Check here if you would like a returning buddy family to contact you prior to the beginning of camp.**

NOTE: Fleur de Lis Camp does not discriminate because of race, color, creed, national origin, or handicap

Please return to: **FLEUR DE LIS CAMP, 13 HOPE ST., HOPEDALE MA 01747-1815**



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