



112 Little Market Street P: 845 454 7673
 Poughkeepsie NY 12601 F: 846 454 7953

Notes:

APPLICANT Information

Last _____ First _____
 Gender Female Male
 Age _____ DOB ____/____/_____
 Address: _____ Apt. _____
 City _____ State _____ Zip _____

Home # () _____
 Cell # () _____
 Other # () _____
 Email: _____@_____
 Language spoken at home? _____

PARENT / GUARDIAN

Last _____ First _____
 Address: _____ Apt. _____
 City _____ State _____ Zip _____
 Occupation _____
 Name of Business _____
 Home # () _____
 Cell # () _____
 Other # () _____
 Email: _____@_____

PARENT / GUARDIAN

Last _____ First _____
 Address: _____ Apt. _____
 City _____ State _____ Zip _____
 Occupation _____
 Name of Business _____
 Home # () _____
 Cell # () _____
 Other # () _____
 Email: _____@_____

2009 Camp Clearwater Program Selection: Please indicate First, Second and Third choice.

- | | | |
|---------------------|---|----------------------|
| _____ Session Two | <u>Voyager Canoeing & Native American History</u>
5 Day Expedition Dates: Monday, August 3 - Friday, August 7 | Tuition \$500 |
| _____ Session Three | <u>Hiking, Rock Climbing Organic farming</u>
5 Day Expedition Dates: Monday, August 10 - Friday, August 14 | Tuition \$500 |
| _____ Session Four | <u>Kayaking</u>
5 Day Expedition Dates: Monday, August 17 - Friday, August 21 | Tuition \$500 |

Payment Information: Please mail checks payable to Clearwater
 112 Little Market Street, Poughkeepsie NY 12601
 P: 845 454 7673 F: 846 454 7953

For Credit Card Payment (call admissions)
 Scholarships: Complete scholarship application form on back
 Sponsored by organization _____

Refund/Cancellation Policy:
 Student cancellation for any reason prior to program start:
 60 days or more - 100% tuition refunded
 30 to 59 days - 50% tuition refunded
 15 to 29 days - 25% tuition refunded
 Fewer than 15 days - no tuition refunded; no tuition transfer

Medical Rejections- all tuition paid are fully refunded
Clearwater Program Cancellations- all tuition and fees paid are fully refunded

Clearwater cannot make exceptions to any of its stated policies for any reason, including personal emergencies, weather or illness. We will not be responsible for any other cost including travel, medical fees or clothing

My signature below indicates a genuine desire on my part to participate in an Clearwater program, and an understanding of its challenging nature. I have read and accepted the terms of payment and the terms of the refund policy. I understand that final acceptance for this program is dependent on the approval of my Medical Form and I accept that if I fail to meet payment schedules I could forfeit my place on the program.

 Applicant's Signature Date

 Parent or Guardian Signature Date