



Hudson River Sloop Clearwater, Inc
 724 Wolcott Avenue P: 845 265 8080
 Beacon NY 12508 F: 845 831 2821

Notes:

APPLICANT Information

Last _____ First _____ Home # () _____

Gender Female Male Cell # () _____

Age _____ DOB ____/____/____ Other # () _____

Address: _____ Apt. _____ Email: _____ @ _____

City _____ State _____ Zip _____ 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: _____ @ _____

2011 Program Selection

10 Day Programs Tuition \$995

Backpacking, Rock Climbing and Kayaking

___ Session One Sunday, July 3 – Tuesday, July 12

___ Session Two Wednesday, July 20 – Friday, July 29

___ Session Three Friday, August 5 – Sunday, August 14

___ Session Four Monday, August 22 – Wednesday, August 31

Please indicate First, Second and Third choice

21 Day Programs Tuition \$1995

The sloop Clearwater, Backpacking, Rock Climbing, Kayaking, and Native American Canoe Experience

___ Session One Saturday, July 9 – Friday, July 29

___ Session Two Tuesday, August 11 – Wednesday, August 31

Payment Information: Please mail checks payable to Clearwater Inc. 724 Wolcott Avenue, Beacon NY 12508

For Credit Card Payment (call admissions)

Scholarship

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 is 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 a 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 in the program.

 Applicant's Signature Date

 Parent or Guardian Signature Date