



Hudson River Sloop Clearwater, Inc

724 Wolcott Avenue P: 845 265 8080
Beacon NY 12508 F: 845 831 2821

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: _____ @ _____

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

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

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

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 _____