

LEAP Camp 2010

PARTICIPANT APPLICATION First Come, First Serve. Space is limited.

SEND YOUR APPLICATION & \$275 DEPOSIT by MAIL to:
LEAP Camp, 2305-C Ashland St., #292, Ashland, OR 97520
Or Mail, then PAY w/PAY PAL at www.leapcamp.com

Request Info & Forms: Call 541.842.0787
DEADLINE: Scholarship requests. May 1, 2010
DEADLINE: Final payments. June 15, 2010

CHOOSE YOUR SESSION:

Please view full descriptions at www.leapcamp.com / *Denotes Backpacking/Travel Session

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| <input type="checkbox"/> LEAP 1 8/30 to 9/3 \$575
(5 Day/No overnight - Entering Gr. 6) | <input type="checkbox"/> LEAP 2 6/21 to 6/27 \$875
(7 Day/6 Nights - Entering Gr. 7) | <input type="checkbox"/> LEAP 3 6/21 to 6/27 \$875
(7 Day/6 Nights - Entering Gr. 8) |
| <input type="checkbox"/> LEAP 4 7/10 to 7/19 \$1375
(10 Day/9 Nights - Entering Gr. 9) | <input type="checkbox"/> LEAP 5 8/9 to 8/22 \$1775*
(14 Day/13 Nights - Entering Gr. 10) | <input type="checkbox"/> LEAP 6 7/24 to 8/2 \$1375*
(10 Day/9 Nights - Entering Gr. 11/12) |

TO BE COMPLETED BY PARTICIPANT:

Parent Name: _____ **Email:** _____
Camper Name: _____ **Email:** _____
Birthdate: _____ **Age:** _____ **Nickname:** _____ **Male / Female**
School Attending: _____ **Entering grade:** _____
Address: _____ **Camper T-shirt size:** Adult S / M / L / XL or Child L

- I am prepared to camp and play in a primitive environment with limited facilities.**
 I want to be registered for LEAP Camp! **Camper Signature:** _____

Camper Questions You must answer, but are encouraged to have fun with. Use second page as needed.

1. Do you have previous leadership experience? _____
2. List 3 reasons why you want to come to LEAP Camp: _____

3. List 3 questions you want answered about yourself this summer... _____

4. True OR False - I like to: Hike? _____ Climb? _____ Camp? _____ Learn about me?
Sing? _____ Create? _____ Laugh? _____ Be Goofy?
5. One surprising thing about me is... _____

TO BE COMPLETED BY PARENT or GUARDIAN:

- I want my child to be registered for LEAP Camp!**
 I have enclosed a check (to LEAP Camp) for the non-refundable \$275 deposit.
 I used the PayPal option at www.leap-in.com to pay the non-refundable \$275 deposit.
 I pledge my support to the LEAP Camp Scholarship Program in the amount of \$ _____
 I plan to apply to LEAP Camp's 2010 Scholarship Program for the amount of \$ _____

Parent Signature: _____ **Date:** _____

Upon approval of your application, we will send you a full registration packet with your camper's medical form, waiver packet, packing list, directions, and tuition balance. Please remember, campers must return the completed medical form, signed waivers, and balance due by June 15, 2010 in order to participate.