

I've previously attended _____ full sessions of Camp Dogwood. This info is for our camper awards. Be as accurate as possible to help us avoid any errors.

Camp Dogwood Camper Application Form SPRING CAMP 2015 • May 29- June 1, Lake Delton, WI

Name(s):	Age(s):	Circle Gender: M F	Occupation(s):		
Mailing Address:	City:	Sta	ate: Zip:		
Home Phone:	_ Cell Phone:		Work Phone:		
Is e-mail [*] a <u>reliable</u> way for us to provide you camp r *(We encourage campers to provide an e-mail address for ea <i>E-mail</i> Address:	asy communications, and	<i>u?</i> Yes or No, I proto sign-up for our newsletter at	efer all Dogwood materi www.CampDogwood.com	ials to be mailed. for camp news!)	
Emergency Contact & Phone:	Relationship:				
Your Veterinarian's Name:	Veterinarian Office Phone:				
FIRST TIME CAMPERS: Next, please indicate your method and businesses that spread the wo Were You Referred to Camp Dogwood? YesIf you Were You answered "the internet"from where? (ie- Us Do you ever work/volunteer with dogs? Yes	ord about camp with ou yes: By whom or wha no: How'd you hear o sed search engineSav	r Referral Program. See box at t business? f us?* your adLinked from)	bottom of page for more	information.	
 SPRING May 29 - June 1, 2015 Extended Camp Date: May 28, 2015 Registration closes: May 14, 2015 Please notify me about your other camps when information becomes available. NOTE: Campers may hold a reservation with a deposit of \$200 (or up to full payment). Pay FULL BALANCE before your session. I require VEGETARIAN meals, please. Double and Group Accommodations, please list your roommate(s) below: 	 Single Occupancy Double Occupancy Double Occupancy Check HERE () to LODGES (include he Single Occupancy Double Occupancy Double Occupancy Double Occupancy Check HERE () to ADDITIONAL FUI On-Site Tent Camp Off-Site Lodging (n Check HERE () to DAYPASS OPTION Single Day of Cam Single Day of Cam Two Days of Cam Single Day of Cam 	tricity and beds. Bathrooms are closed Cy Cy for 2 members of same househ (this is 3 or more Call to disc arrive on <u>May 28</u> for EXTENDED at & a/c, private bathrooms and hotel Cy y for 2 members of same househo (this is 3 or more Call to disc arrive on <u>May 28</u> for EXTENDED L-PROGRAM OPTIONS (Incl. Ding (you provide tent and all eq nake your own off-site sleeping a arrive on <u>May 28</u> for EXTENDED (S) (p: SATURDAY p, no overnight: Sat and Sun (s) (p: Sunday daypass for 2 peop	nold with only 1 dog cuss options and rates) CAMP I accommodations. I accommodations. CAMP	\$575 /person \$1050 /couple \$525 /person \$ 100 /person \$725 /person \$1350 /couple call \$ 500 /person \$500 /person \$500 /person \$500 /person \$500 /person \$500 /person \$500 /person \$250 /person \$135 /person \$250 /person \$250 /person \$200 /2 people	

** DO YOU KNOW ABOUT THE CAMP DOGWOOD REFERRAL PROGRAM? **

Camp Dogwood Referral Program rewards you with a \$25 credit for each <u>new</u> camper you refer to a full weekend program. We track referrals based on camper application responses. Bring a friend or tell the whole town about Camp Dogwood & reap the benefits! Contact us with questions.

How many dogs are you planning on bringing to camp?	Dog #1 Name: Please indicate the following for Dog #1 :	Age: Age: Male, or D Female	Breed: AND
bringing to camp:	Dog #2 Name:	Age:	Breed:
	Please indicate the following for Dog #2 :	🖵 Male, or 🖵 Female	AND 🛛 Fixed, or 🖵 Intact

Where did you get your dog(s), and at what ag	re(s)?:			
Any factors we should consider as we pair room	mmates?(if applicable)			
 <u>Please indicate your dog's level of socialization, in relation to other dogs: I</u> Primarily a backyard dog Encounters other dogs on leashed walks A park/beach dog Successfully co-mingles at doggie daycare Participates regularly in organized dog events or activities 				
 For Obedience: I trained my dog by myself I took my dog to obedience classes I worked with a private trainer 	Please check ALL that ap Friendly Playful Energetic Well-mannered	Deply to your dog's personality: Separation Anxiety Territorial Fearful My dog is Possessive of:	□ Submissive □ Dominant □ Needs "space" □ <i>Toys</i> □ <i>Food</i> □ <i>Me</i>	 Runs Away Nervous Laid Back
Are there any topics, activities or suggestions fo	r demonstrations that you	have interest in?		
Are YOU able to add anything we might want	to include on our schedule	? This can be, but is not limite	ed to dog-related activitie	25.
 space at Camp. \$200 holds a guarante Sign your name in the box below indi *Note: Deposits are not refundable & not considered as having a \$200 deposite guidelines found in Camp Dogwood before registering by calling (312) MAIL COMPLETED WITH PAYMENT TO: Camp Dogwood: REGISTRATION 205 Barberry Road 	cating you've read our " on-transferable. \$200 of ar osit on account. Any paid ood's "Rules & Policies". If) 458-9549 or by e-mailing	Rules & Policies" (can be found by application submitted with fee, including deposit, is subject you have any questions, pleas	und online). <u>more</u> than just a depose ect to all "Cancellation a se address them	it is still
Highland Park, IL 60035 OR FAX (BOTH SIDES) TO: (312) 268-6170	I have read, underst & Payment terms for - and - I also understand th	and, and will adhere to the Rule und in the Dogwood brochure a	es & Policies, as well as t	
	1	le rates") the fee applies to eac	• /	dogwood.com.
To make your deposit or payme	signature(s)	le rates") the fee applies to each	h person in your room. date date date	nd except
I would like to charge \$	signature(s) ent by Mastercard of to the card listed below	le rates") the fee applies to each Visa, also complete th as a: Definition Full Payment Dep	h person in your room. date date e following inforn posit (\$200) □Other (\$_	nd except
	signature(s) ent by Mastercard of to the card listed below	le rates") the fee applies to each Visa, also complete th as a: I Full Payment I Dep Expiration E	h person in your room. date date date date: Date:	nd except

Does this card have the same billing address you listed on registration?
Yes No (if No...please also provide.)

OFFICE USE: Approval:_

_____ Reference:_____

_____ Date:_____ Staff:____

_ Note:_