

# The Bar 717 Ranch

Star Route Box 150  
Hayfork, CA 96041  
Phone: (530) 628-5992  
Fax: (530) 628-9392

Established 1930  
Mountain Ranch Living  
For Children 8-16  
camptrinity@bar717.com

## 2010 ENROLLMENT CONTRACT

Please enroll my son/daughter (circle one) \_\_\_\_\_  
Last Name First Name Name Child prefers to be called

Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Completed in June, 2010 \_\_\_\_\_  
(As of July 1, 2010)

Please check the box for the session your camper will be attending camp. For multiple sessions, please check all boxes that apply.

First Session

Second Session

Third Session

2 Weeks, Sun. June 20 - Sat. July 3

2 Weeks, Sun. July 4 - Sat. July 17

3 Weeks, Sun. July 18 - Sat. August 7

Please check here if you would like your camper to participate in the Camper in Leadership Training Program (Open to ages 15 and 16 only).

How did you hear about the Bar 717 Ranch?

- Referred by: \_\_\_\_\_  Camp Fair at: \_\_\_\_\_  I was a camper last summer  
 Advertisement in: \_\_\_\_\_  Internet Site \_\_\_\_\_  ACA  Other \_\_\_\_\_

Father's Name (Mr./Dr.) \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name (Ms./Dr.) \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Child resides with:  Mother  Father  Other \_\_\_\_\_

Send camp correspondence to:  Mother  Father  Other \_\_\_\_\_

**If Parent is not available in case of emergency, person responsible is (MUST BE FILLED OUT):**

Name Address Phone

I hereby enclose \$500.00 as a registration deposit to be applied to the total fee. THE REMAINDER OF THE FEE IS TO BE PAID ON April 1, 2010. Neither the deposit nor the remainder of the fee will be refunded after April 15, 2010, unless a replacement camper is provided to fill the vacancy caused. Once enrolled, there will be a \$50.00 administrative charge for any change of camp session(s). If a camper is asked to leave camp by the camp management due to behavior which is injurious to the camper's health and /or safety, or the the health of any other member(s) of the camp community, or for any other reason deemed in the sole discretion of the Camp Director to be disruptive or contrary to the best interests of the camp community, NO REFUND WILL BE MADE.

It is expressly understood by the parents or guardian of the child for whom this reservation is made, that the child is in a condition of health and soundness of mind and body that warrants his/her undertaking the camping experience.

I give permission for my child to be photographed and/or videotaped during camp programs and functions. I understand that photographs and videos may be taken by staff, campers, or by other parents/guardians and may be used without compensation.

The camp fee is all-inclusive **except** transportation to and from camp and personal items purchased at the camp's Trading Post. If the camp is asked to help facilitate transportation other than that normally provided by us on the opening and closing date of each session, the parents/guardian will be billed accordingly, and, by signing below, the undersigned expressly agrees to promptly pay all such charges.

TERMS: Deposit upon enrollment, remainder of fee to be paid by April 1, 2010, or full fee to be paid upon enrollment if enrolling on or after April 1., 2010. The Bar 717 Ranch reserves the right to charge a late payment service fee of 1 ½ % per month (annual percentage rate of 18%), on any balance which runs 30 days past due.

Name of person financing camp fee \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Telephone Number \_\_\_\_\_

I hereby understand and agree to the terms of this contract:

Signature of Parent/Guardian \_\_\_\_\_

\_\_\_\_\_ Date

For Office Use ONLY;

Date Received: \_\_\_\_\_ Bank #: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

