

# THE BAR 717 RANCH FAMILY CAMP 2011

## ENROLLMENT CONTRACT

Sunday, August 14 - Sunday, August 21

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

Please enroll me

\_\_\_\_\_  
First Name Last Name Date of Birth

and the following members of my family:

\_\_\_\_\_  
First Name Last Name Date of Birth Age (in August, 2011) Relationship to you

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Address Telephone (\_\_\_\_) \_\_\_\_\_  
Home  
\_\_\_\_\_  
City State Zip Work  
E-mail \_\_\_\_\_ Cell

When were you a camper/staff member at the Bar 717 Ranch? (If applicable) \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

Are there program areas in which you'd like to use your skills and experience to provide guidance during the week?

Ranch Projects \_\_\_\_\_ Dance \_\_\_\_\_ Horsemanship \_\_\_\_\_  
Music \_\_\_\_\_ Overnights \_\_\_\_\_ Waterfront \_\_\_\_\_  
Other \_\_\_\_\_

Please tell us what activities you'd like to see included in your week at camp: \_\_\_\_\_

I hereby enclose \$400.00 per adult as a registration deposit to be applied to the total fee. THE REMAINDER OF THE FEE IS TO BE PAID ON OR BEFORE April 1, 2011. Neither the deposit nor the remainder of the fee will be refunded after April 15, 2011. There will be a \$100.00 administrative charge for cancellations. When a camper must leave for personal reasons, 50% of the pro-rated unused portion of the fee will be returned. If the camper is asked to leave camp by the management due to behavior which is injurious to the camper's health and safety, or to the health and/or safety 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 on contrary to the best interests of the camp community, **NO REFUND WILL BE MADE.**

It is expressly understood by the adult camper(s) for whom this reservation is made, that they themselves and any attending family members who are minors are in a condition of health and soundness of mind and body that warrants their 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 (which is the responsibility of each camper or camper family) and personal items purchased at the camp's Trading Post. If the camp is asked to help facilitate transportation on the opening and closing date of each session, the family 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, 2011, or full fee to be paid upon enrollment if enrolling on or after April 1, 2011. The Bar 717 Ranch reserves the right to charge a late payment service fee of 1 1/2 % 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 \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Street City State Zip

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use ONLY: Date Received: _____ Bank #: _____ Check #: _____ Amount: _____ Date: _____
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