

Our mission is to empower children by providing a safe place for growth and enrichment in the great outdoors and a respect for the environment

Date of application:				
Camper Information (Plea	ase complete one form for each can	nper):		
First Name:	Last Name:	Age: Gender:		
Date of Birth:	Grade just completed:	Ethnicity County:		
Address:	City:	State: Zip:		
Last School Attended:	Lunch Program: F	ull Reduced Free		
Have you attended Camp	Alexander before? Yes No _			
Primary Contact:				
First Name:	Last Name:	Relationship to Camper:		
Address:	City:	State: Zip:		
Email:	Occupation: _			
Home Phone:	Cell Phone:	Work Phone:		
Best number to use to cor	ntact during camp time:			
Secondary Contact:				
First Name:	Last Name:	Relationship to Camper:		
Address:	City:	State: Zip:		
Email:	Occupation: _			
Home Phone:	Cell Phone:	Work Phone:		
Best number to use to cor	ntact during camp time:			
Emergency Contact Inform	mation: (Please specify an emerger	ncy contact other than those listed above.		
First Name:	Last Name:	Relationship to Camper:		
Home Phone:	Cell Phone:	Work Phone:		

		listed on this form will be allowed to pick , please notify camp ahead of pickup time	•	
Name(s):				
Relationship to Camper:		Phone:	Phone:	
Name(s):				
Relationship to Camper:		Phone:		
Rates:				
Early Bird Special	(Before May 1, 2017): \$90.	00 per week		
Regular Enrollmen	t: \$120.00 per week			
before May 1st (Ea	rly Bird Special) NOTE: Th	in the Youth Leadership Program if regis s is subject to approval of LIT application in the Youth Leadership Program if regis	n.	
	nt: \$10.00 discount for eac or the same week of camp	h child after first child in a family pays in	full	
Please choose which	weeks you would like for yo	ur child to attend camp from the list below:		
5/30-6/2	Mr. Alexander's Summer (Mr. Alexander's Summer Classics (no camp on May 29 th)		
6/5-6/9	Sports Mania			
6/12-6/16	Water Wars			
6/19-6/23	Fit-Tastic			
6/26-6/30	Mid-Summer Mayhem			
7/3-7/7	Nature Adventure (No can	p on July 4 th)		
7/10-7/14	Teamwork Makes Dreamw	ork		
7/17-7/21	Tidal Wave			
7/24-7/28	Sports Mania Round 2			
7/31-8/4	Summer Highlights			

Payment Information	
Camper Name	Parent/Guardian Name
Type of payment:	
Cash Check Credit Card	-
Name on Credit Card	
Credit Card Type	Credit Card Number
Expiration Date Secu	rity Number (back of card)
Amount paid: (All payment gach week. See policy handbook for informat	ts must be made no later than 5:30 pm on Monday of tion regarding late penalties.)
Return check fee will be \$30.00.	
Before May 26 th , 2017, payments may be mad Emporia, KS.	le by mail or at Non-Profit Solutions 618 Commercial St
After May 25 th , 2017, payments may be made Emporia, KS.	by mail or at the Camp Alexander office, 1783 Road P5
Camp fees include: All camp materials, break	fast, lunch and a snack.

Revised 3-28-17