

# Crazy's WASEWAGAN Camp & Retreat Summer of 2010 Application

42121 Seven Oaks Road • Angelus Oaks, CA 92305 • 909-794-2910/818-991-5572 • Fax: 909-794-8453 • www.Wasewagan.com

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age while attending camp \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Sex:  M  F Years attended Wasewagan \_\_\_\_\_ Years attended Lazy J \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Contact Parent \_\_\_\_\_ Emergency Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Allergies/Limitations/Medications: \_\_\_\_\_

Requests:  lower bunk Other: \_\_\_\_\_

## WHERE DID YOU FIRST HEAR OF CRAZY'S WASEWAGAN CAMP & RETREAT? \_\_\_\_\_

Please mail a deposit of \$500 and application to reserve a spot for your youngster. The all-inclusive fee for a session includes lodging, meals and all instruction in activities and events, also a Crazy's Wasewagan Camp & Retreat T-shirt and awards, but does not include spending money. **No refund as of June 1, 2010.**

**Check-in Time**..... Sundays, from 9:00 a.m. to noon

**Awards Ceremony**.... 10:00 A.M. sharp, **the last Saturday of each session only.** Parents are encouraged to attend.

**General Pick-Up**..... 1st week stay over: before 12:00 noon. 2nd week stay over: 10:00 A.M. sharp.

• **Sibling Discount: 5% discount on additional family members. One discount/coupon per child.**

**EARLY BIRD SPECIAL: Save \$100 on 2 weeks or more if paid in full by March 1, 2010.**



2 full weeks=\$1,450

1 week=\$740 (any Sunday to Saturday)

**1st Session:**  2 full weeks: Jun. 27 – Jul. 10

1st week: Jun. 27 – Jul. 03  2nd week: Jul. 04 – Jul. 10

**2nd Session:**  2 full weeks: Jul. 11 – Jul. 24

1st week: Jul. 11 – Jul. 17  2nd week: Jul. 18 – Jul. 24

**3rd Session:**  2 full weeks: Jul. 25 – Aug. 07

1st week: Jul. 25 – Jul. 31  2nd week: Aug. 01 – Aug. 07

**4th Session:**  2 full weeks: Aug. 08 – Aug. 21

1st week: Aug. 08 – Aug. 14  2nd week: Aug. 15 – Aug. 21

**2-DAY RIVER RAFTING TRIP (OPTIONAL): add \$270, 2nd week of each session only.**

**2-DAY SURFING TRIP (OPTIONAL): add \$200.00, 1st week of each session only.**

**CHILD HAS THE OPTION TO CALL HOME TO STAY ADDITIONAL TIME AT CAMP.**

### METHOD OF PAYMENT ENCLOSED:

Either  \$500.00 deposit (minimum due), **or**  full payment required. Checks,  or  accepted.

I \_\_\_\_\_ authorize Crazy's Wasewagan Camp & Retreat to charge \$ \_\_\_\_\_ to my credit card.  
PRINT NAME

Name on Card \_\_\_\_\_ Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Card No. \_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_ Exp. \_\_\_\_\_

***This application has my approval. In case of sickness or accident, Crazy's Wasewagan Camp & Retreat has my authorization to secure, at my expense, such medical attention as is deemed necessary. I agree to release Crazy's Wasewagan Camp & Retreat and its people from any and all liability, including clothing and personal items. No refunds for early withdrawals or dismissals due to behavioral situations or home sickness. I have read, understand and agree to Crazy's Wasewagan Camp & Retreat statements and conditions.***

**SIGNED (PARENT or GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_**

• Health history form, packing list, and medical form will be mailed to you upon receipt of this application.

• Phone calls are not allowed to or from campers. Parents are welcome to call the office.

• **Cell phones are not permitted.**

**Please send a brochure to our friends**  
 (use back of form for additional friends):  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Ph. ( \_\_\_\_\_ ) \_\_\_\_\_

**Transportation to and from camp:**  
 I will bring my child to camp.  
 I will pick my child up from camp.  
 CWCR will pick up from airport (arrive)\*  
 CWCR will take to airport (departing)\*  
 \*Please call for details  
 Request *Airport Authorization Form* from Crazy's Wasewagan Camp & Retreat.

*For Office Use Only*  
 ✓ # \_\_\_\_\_ Date \_\_\_\_\_  
 CCA# \_\_\_\_\_  
 Paid \_\_\_\_\_  
 Balance \_\_\_\_\_  
 CP HH OTC RF  
 SENT REC REC REC