

WINTER & SPRING RAMP CAMP APPLICATION 2012

1. Information

Participant

Parent/Guardian

Street Address

City State Zip

Home Phone

Emergency Phone

Cell/Other Phone

Camper email

Parent email

Birthdate ___ \ ___ \ ___ Age (6 through 17)

Other medical conditions we should be aware of:
(Medications, allergies etc) _____

Refund Policy: If an unforeseen circumstance should arise and your child is not able to attend camp you will be given full credit to another session of camp if we are able to fill your child's spot. If we can not fill your child's spot you will be given a credit for another session of camp less \$50.00. Unfortunately we are unable to issue cash refunds.

Please visit our website www.ryeairfield.com for more camp information. We will send you a confirmation email after your application is processed.

Please contact us if you have any questions:
603-964-2800 or rampcamp@ryeairfield.com

2. Choose your session(s) (check all that apply)

OVERNIGHT CAMPS HAVE BEEN CANCELLED UNTIL FURTHER NOTICE

#3 April 16-18 (3 Day) Skateboard Scooter BMX

#4 April 23-25 (3 Day) Skateboard Scooter BMX

Please note that if you want to do just the overnight option you need to use the Overnight specific application.

3. Payment (check all that apply)

	Member	Non Member
Member # <input style="width: 50px;" type="text"/>		
3-Day Full Day (9am-3pm)*	\$149 <input type="checkbox"/>	\$169 <input type="checkbox"/>

Add a membership (\$49) and save \$20 a session with the member rate \$ _____

Total for Camp sessions (enter amount) \$ _____

Campers may bring their own lunch or buy: Lunch \$5 per day (enter amount) \$ _____

Tuesday Dinner, Wednesday Breakfast & Lunch are included for combo campers

DISCOUNTS: Multiple sessions/campers from the same family Subtract \$10 on 2nd session/person. \$ _____

All walk-ins registering the day of a camp session will be charged an additional \$20. \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Checks are **only** accepted until 2 weeks prior to the camp session. Please pay with credit/debit card if registering within 2 weeks of your session.

Credit/ Debit Card information: Card Type: Visa Master Card American Express

Card Number: _____ Expiration Date: _____ CID: _____

Credit card information will be destroyed after it is processed. \$20 charge for returned checks.

Please send this completed application with your credit/debit card information or check payable to Rye Airfield to: Rye Airfield RAMP CAMP 6 Airfield Drive Rye, NH. 03870 or Fax to 603.964.2816