

Send me to Camp Talooli

Campers Name _____ DOB _____ Male or Female
 Address _____ City _____ State _____
 Zip _____ Home Phone _____ Home Email _____
 Grade Completed _____ Age _____ School _____
 Parent/Guardian _____ Employer _____
 Occupation _____ Work Phone _____ Cell _____
 Parent/Guardian _____ Employer _____
 Occupation _____ Work Phone _____ Cell _____

1. **Check the camp session(s)**
2. Fill in the total fee column
3. Include a minimum \$50 deposit for each week selected
4. Fill in the total balance due and choose a bus stop
5. Remaining balance is due 2 weeks prior to the start of each camp week

**** All deposits are Non Refundable and Non Transferable ****

EARLY BIRD DISCOUNT - \$10 off Day Camp and \$15 off Resident Camp for each week/session paid in full by April 30, 2010

Camp Week	<u>Day Camp</u> (\$195)	<u>Resident Camp</u> (\$310)	<u>Counselor-In-Training Resident Camp</u> (\$310)	<u>Teen Service Program</u> (\$195)	<u>DVD Preorder</u> (\$10)	<u>Deposit</u> (\$50/week)	<u>Total Fee</u>
1	<input type="checkbox"/> July 5-9	<input type="checkbox"/> July 4-9					
2	<input type="checkbox"/> July 12-16	<input type="checkbox"/> July 11-16	<input type="checkbox"/> CIT 1 July 11-16	<input type="checkbox"/> Session 1			
3	<input type="checkbox"/> July 19-23	<input type="checkbox"/> July 18-23	<input type="checkbox"/> CIT 2 July 18-23	<input type="checkbox"/> Session 2			
4	<input type="checkbox"/> July 26-30	<input type="checkbox"/> July 25-30	<input type="checkbox"/> CIT 1 July 25-30	<input type="checkbox"/> Session 3			
5	<input type="checkbox"/> Aug. 2-6	<input type="checkbox"/> Aug. 1-6	<input type="checkbox"/> CIT 1 Aug. 1-6	<input type="checkbox"/> Session 4			
6	<input type="checkbox"/> Aug. 9-13	<input type="checkbox"/> Aug. 8-13	<input type="checkbox"/> CIT 2 Aug. 8-13				
7	<input type="checkbox"/> Aug. 16-20						
<input type="checkbox"/> YES! I would like to donate to the Camp Talooli campership fund						Amount	
Total Balance Due (include early bird discount if applicable)							

Make all checks payable to Camp Fire USA and mail to: 7 Adler Drive E. Syracuse, NY 13057

BUS SCHEDULE & SIGN UP - reserve your spot now!

DAY CAMP BUS #1

(Please CHECK one)

- 7:30/5:00 Dollar Tree (Kirkville Rd)
- 7:50/4:40 Cicero Elementary
- 8:05/4:25 Bear Road School
- 8:20/4:10 Glenn Crossing (Route 57)
- 8:30/4:00 P & C (Route 57)

DAY CAMP BUS #2

(Please CHECK one)

- 7:30/5:00 Dick's Sporting Good's (Fairmount)
- 7:45/4:45 719 E. Genesee St. (Downtown Syracuse)
- 8:00/4:30 River Mall - Downer Street (Baldwinsville)
- 8:15/4:15 Lamson Rd. Park (Phoenix)
- 8:30/4:00 River Glen Mall (Fulton)

PARENT DRIVE- I will drive my child to and from camp

I will print the medical and informational letters from: www.campfireusacny.org yes no
 I give permission to use photos/DVD in which my child appears for Camp Fire USA publicity yes no
 My child has permission to participate in the Camp Talooli program Signature _____