



CAMP EXPLORATION

Overnight Camp Application



For Summer and Winter Programs

Child's Name _____ Birth Date _____

Child's E-Mail Address _____ Sex _____

Address _____

City _____ ZIP _____ ☎ _____

School _____ Current Grade _____

Mother / Primary Legal Guardian _____

Home ☎ _____ Work ☎ _____ Cell ☎ _____

E-Mail Address _____

Father / Secondary Legal Guardian _____

Home ☎ _____ Work ☎ _____ Cell ☎ _____

E-Mail Address _____

SUMMER Registration (check all that apply):

WINTER Registration (check all that apply):

____ Cyclers' Safari **\$200 Deposit**

____ SNOWvernight **\$300 Deposit**

____ Explorers' Experience **\$200 Deposit**

____ Hikers' Heaven **\$200 Deposit**

____ Recreational Respite **\$200 Deposit**

Enclosed is check number _____ made out to *Dr. Mars* for \$ _____.

I understand that the balance payment is required by May 15th for summer and November 15th for winter camps.

[Deposit is non-refundable, unless camp is full when application is received.]

Signature _____

Date _____

Please complete, print, sign, and return this Camp Application by mail, with deposit check, to:

Attention: Dr. Mars
Kids Make A Difference
385 Howard Blvd # 242
Mount Arlington, NJ 07856