



# NRA Whittington Adventure Camp Registration. Summer.....2007

Applications are accepted on a first come, first served basis.

Please enter the date this application was completed: \_\_\_\_\_

Attending **(Please Circle)**: Session I June 10 - June 22 / Session II June 24 - July 6  
CAMPER INFORMATION PLEASE PRINT CLEARLY

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age at Camp: \_\_\_\_\_  
(Must be 13 at Camp)  
Nick Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Parent's Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

### EDUCATIONAL INFORMATION

Name and Address of School: \_\_\_\_\_  
Extra Curricular Activities: (i.e. sports, leadership, debate team, musical instruments, etc...) \_\_\_\_\_  
\_\_\_\_\_

SPECIAL REQUIREMENTS: (i.e. medical, disabilities, etc.) \_\_\_\_\_  
\_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### BILLING ADDRESS: (If other than Parents)

Guarantor: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### METHOD OF PAYMENT: Payment is NON-REFUNDABLE if you cancel after April 15<sup>th</sup>

Payment: \_\_\_\_\_ \$900.00 per session. \_\_\_\_\_ 50 % Reservation Deposit (Balance due by April 15, 2007).  
Amount \_\_\_\_\_ Check # \_\_\_\_\_ Money Order # \_\_\_\_\_  
Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_  
Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ - \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Make check or money order payable to the NRA WHITTINGTON ADVENTURE.

Name: \_\_\_\_\_ Session: \_\_\_\_\_ Camper #: \_\_\_\_\_ Team #: \_\_\_\_\_ Group #: \_\_\_\_\_ Cabin #: \_\_\_\_\_  
Forms Received: Medical Record: \_\_\_\_\_ Liability Release: \_\_\_\_\_ Travel Plans: \_\_\_\_\_ H.E. Registration: \_\_\_\_\_ H.E. Worksheet \_\_\_\_\_

**BILLING INFORMATION (If other than Parents)**

**CAMPER IS BEING SPONSORED BY:**

Relative other than Parent: \_\_\_\_\_ Relationship: \_\_\_\_\_

Friends of the NRA: \_\_\_\_\_ Chapter Name: \_\_\_\_\_

Gun Club: \_\_\_\_\_ Club Name: \_\_\_\_\_

Private Grant: \_\_\_\_\_ Grantor's Name: \_\_\_\_\_

Independent Business: \_\_\_\_\_ Business Name: \_\_\_\_\_

Corporate Sponsor: \_\_\_\_\_ Corporate Name: \_\_\_\_\_

**SEND CAMPER PACKET TO: CAMPER: \_\_\_\_\_ SPONSOR: \_\_\_\_\_**

**HOW DID YOU HEAR OF ADVENTURE CAMP? :** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**Payment # 1 Date:** \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Check #** \_\_\_\_\_ **Visa:** \_\_\_\_\_ **Master Card:** \_\_\_\_\_ **American Express:** \_\_\_\_\_ **Discover:** \_\_\_\_\_

**Card #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Money Order #** \_\_\_\_\_

**Payment # 2 Date:** \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Check #** \_\_\_\_\_ **Visa:** \_\_\_\_\_ **Master Card:** \_\_\_\_\_ **American Express:** \_\_\_\_\_ **Discover:** \_\_\_\_\_

**Card #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Money Order #** \_\_\_\_\_

**Payment # 3 Date:** \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Check #** \_\_\_\_\_ **Visa:** \_\_\_\_\_ **Master Card:** \_\_\_\_\_ **American Express:** \_\_\_\_\_ **Discover:** \_\_\_\_\_

**Card #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Money Order #** \_\_\_\_\_