

**NRA Whittington Center Adventure Camp Registration**

**PO Box 700, Raton, NM 87740**

**Phone: 800~494~4853 Fax: 575~445~9418**

**Summer 2025**

Applications are accepted on a first come, first served basis

Please enter the date this application was completed:

\_\_\_\_\_

Attending:  Session I, June 8 - June 20  
 Session II, June 22 - July 4

**PLEASE PRINT CLEARLY**

**CAMPER INFORMATION**

Full Name: \_\_\_\_\_

Name to Appear on Nametag: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (Must be 13-17 at Camp) Age at Camp: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

Parent's Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Have you attended camp previously? \* Yes \_\_\_ No \_\_\_ Year \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Name and Address of School: \_\_\_\_\_

Extra-Curricular Activities: (sports, leadership, debate team, musical instruments) \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**T-SHIRT SIZE (MENS):**  Small  Medium  Large  XL  2XL

**PARENT / GUARDIAN INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Due to high demand campers will no longer be accepted in consecutive years.

**METHOD OF PAYMENT:** Payment **NON-REFUNDABLE** if you cancel after April 15, 2025

\*\*Total cost may change prior to camp.

Payment: \$1300.00 per session\*\* 50% (\$650.00) Reservation Deposit  
(Remaining Balance due by April 15, 2025)

Make checks or money orders payable to the **NRA WHITTINGTON CENTER**

Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ Money Order \_\_\_\_\_

Visa  MasterCard  American Express  Discover

Card # \_\_\_\_\_ CCV: \_\_\_\_\_ Exp. Date: \_\_\_\_ - \_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please specify if you would like the remaining balance charged to the card listed above on April 15, 2025. YES  NO

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

**CAMPER IS BEING SPONSORED BY:**

- Relative other than Parent - Name & Relationship: \_\_\_\_\_
- Friends of the NRA - Chapter Name: \_\_\_\_\_
- Gun Club - Club Name: \_\_\_\_\_
- Private Grant - Grantor's Name: \_\_\_\_\_
- Independent Business - Business Name: \_\_\_\_\_
- Corporate Sponsor - Corporate Name: \_\_\_\_\_

**SPONSOR'S ADDRESS:** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

SEND CAMPER PACKET TO: CAMPER  SPONSOR

How did you hear of adventure camp? \_\_\_\_\_

\_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICIAL USE ONLY
DATE RECEIVED _____ PAID IN FULL _____