NRA Whittington Center Adventure Camp Registration
PO Box 700, Raton, NM 87740
Phone: 575-245-1217 Email: ewhaley@nrawc.org

Summer 2027

Applications are accepted on a first come, first served basis
Please enter the date this application was completed:
_____

Attending: ☐ **Session I, June 13 - June 25**
☐ **Session II, June 27 – July 9**

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, 2027
****Total cost may change prior to camp.**

Payment: $1300.00 per session 50% ($650.00) Reservation Deposit**
(Remaining Balance due by April 15, 2027)

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, 2027. 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: _____
_____
_____

***They can come back consecutive years if on wait list second year!**

OFFICIAL USE ONLY

DATE RECEIVED_____ PAID IN FULL_____