



AUGUST 8th- 15th, 2010

OFFICE ADDRESS
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 New York, NY 10036
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Instructions: Please fill out all information completely and sign the "Terms of Enrollment" form to ensure your child's application is processed. Camp Our Time enrollment functions on a first come first serve basis, so please turn in the enrollment form as soon as possible. The enrollment form is due April 1st, 2010. The enrollment form is not complete without selecting a payment option. If you need assistance in completing this form, please call our offices at (212) 414-9696.

Camper Name:			Phone:
Last	First	Middle	
Address			
Number & Street		City	State Zip
Parent/Guardian E-mail:		Camper E-mail:	
Sex M / F	Date of Birth:	Age as of August 8 th , 2010	Grade entering fall 2010
Attended a Camp Before? Y / N		If so, where?	When?
Does Applicant Stutter? Y / N	Name of relative/friend attending camp (if any):		
How did you hear about Camp Our Time?			
Parent's/Guardian's Info:			
Name	Occupation	Relationship to camper	Phone
Parent's/Guardian's Info:			
Name	Occupation	Relationship to camper	Phone
Emergency Contact Info*:			
Name	Relationship to camper	Phone	

* If parent/guardian cannot be reached

PLEASE CHECK ONE:

I agree to pay Our Time Theatre Company \$1,100.00 tuition by either credit card or check as follows:
 • \$400.00 deposit due upon enrollment with the remaining balance of \$700.00 due May 1st, 2010.

I will be applying for a full or partial scholarship for my child's tuition. Please accept this form as a request to reserve a space at camp pending the scholarship application.

**Please note that you must complete the scholarship application for your enrollment process to be complete.

Parent/Guardian signature: _____ print name: _____ Date _____

******* PAYMENT *******

Please make checks payable to **Our Time Theatre Company**.

Please charge \$ _____ to my: MasterCard Visa Amex Discover

Card Number _____ Exp: ____/____

Cardholder's Name (Please Print) _____

Cardholder's Signature (credit card payments not valid without signature) _____

Check here if you would like all future payments charged to this credit card

TERMS OF ENROLLMENT

1. Camper tuition will include round trip transportation from Metropolitan New York, all meals at camp, and camp activities. Should other costs arise during my child's stay at camp (medical, etc.), I understand that I am financially responsible for those other expenses.
2. Deposit is refundable up to thirty (30) days after enrollment, no exceptions.
3. The parent or legal guardian enrolling this child at Camp Our Time certifies that the child is both physically and emotionally healthy; acknowledges that this application is accepted subject to a complete examination by a physician.
4. The camp is not responsible for campers' equipment or personal belongings while in transit or at camp.
5. Gratuities, in any form, for staff members or camp personnel, are prohibited. Parents are expected to adhere to this important camp regulation.
6. No reduction, refund or allowance will be made for late arrival, dismissal or withdrawal of a camper, for any reason.
7. If necessary, Camp Our Time will transport campers to and from area airports (LGA, JFK or NEWARK). Campers flying in will need to arrive within a specific day and time which will be specified on Camp Our Time's travel form. If campers arrive outside of that specified day and time, a \$50 travel fee may apply.
8. My child has permission to participate in all camp program excursions and special outings as planned and supervised by Camp Our Time. I understand that some companies, with whom Camp Our Time conducts excursions, may require that I sign a release prior to the excursion. I understand that if I do not sign, it is possible that the camper may not be permitted on the excursion. Realizing the orderly operations of the camp is of utmost importance; we agree to comply with all Camp rules and regulations with regard to enrollment and withdrawal of campers, camp programs and all visitations at Camp, which Rules will be furnished.
9. I fully understand that the Camp reserves the right to dismiss, in its sole discretion, a camper whose condition, conduct, influence or behavior is deemed by the Camp unsatisfactory or detrimental to the best interest of the Camp or who violates the Camp Rules and Regulations. I acknowledge that Camp Our Time cannot replace the camper once the season has started, and that I will not be entitled to any refunds.
10. For good and valuable consideration we hereby consent to and authorize the reproduction, publication and use by Camp Our Time and Our Time Theatre Company Inc. of any photograph, picture, sobriquet, voice or likeness of my/our child.
11. Any claims in connection with this agreement and/or the camp must be made in Sullivan County, NY as the sole forum.

IN CASE OF SURGICAL OR MEDICAL EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for the child named above. Every effort will be made by the Camp Administration to immediately contact parents in the event of an emergency.

I am the legal guardian for (PRINT CAMPER NAME) _____

I HAVE READ AND AGREE TO THE ABOVE TERMS. PLEASE SIGN AND MAIL TO CAMP OFFICE

PARENT/LEGAL GUARDIAN NAME (PRINT) _____

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____