2009 Adventure Camp Registration form

Camper information

- Complete entire application and return with *NON-REFUNDABLE* deposit.
- Couples may submit one application. Roommates must each fill out a separate registration form.
- Mail or drop off application: 50+ Wellness, 2921 Truxel Road, Sacramento, 95833.

Name(s)_____ Phone: _____

Address_____ City_____ Zip_____

Email address: _____

I agree to indemnify and hold the City of Sacramento and its contractors harmless from and against any and all liability for an injury which may be suffered by the participant during participation in this program. I authorize the City of Sacramento to use photos taken while at Camp for advertising and promotional purposes.

Signature_____ Birthdate: ___/___/___ Date_____

Spouse/partner _____ Birthdate: ___/___/___ Date_____

Deposit payment options

$40 per person deposit:

☐ Check or Money Order (made to City of Sacramento)

☐ Visa # _____ Exp. Date _____

Authorized signature _____

☐ Mastercard # _____ Exp. Date _____

Authorized signature _____

If you cannot attend camp, all payments are refundable ***except deposit*** if cancellation is made PRIOR to final payment deadline. All funds are non-transferable.

Cabin & roommate options

ADVENTURE CAMP - August 24-28, 2009

Insulated cabin	Single Flat Fee	$345
___ I am a city of Sacramento resident **OR** will be sharing a cabin		$328
___ I am a city of Sacramento resident **AND** will be sharing a cabin		$311
[ ] If an insulated cabin is not available, I will accept a non-insulated cabin.		
NON-insulated cabin	Single Flat Fee	$320
___ I am a city of Sacramento resident **OR** will be sharing a cabin		$304
___ I am a city of Sacramento resident **AND** will be sharing a cabin		$288

Cabins are assigned first come, first served!

Cabin # preferences: _____, _____, _____

If sharing a cabin:
[ ] I will be rooming with: _____ [ ] Please assign me a roommate.