

Request for Summer Programs

Camp Season: Last weekend of June to Friday in August (residential deadline)

1. Contact Information (please type or print)

Sponsoring Organization/Group _____

Contact Name _____ Returners skip this section

Phone _____ Cell _____

Address _____ Email _____

City/State/Zip _____ Web address _____

On-Site Contact (if known) _____ Day Program _____ Residential Program Both _____

Tax Exempt: Yes ___ No ___ ACA accredited: Yes ___ No ___

2. General Program Information

4. Questions about Dining

- a. Will you need catering or refreshment breaks provided in ~~areas~~ ^{other} than a dining hall? Yes ___ No ___
- b. Preferred meal times: Breakfast _____ Lunch _____ Dinner _____
- c. 1st meal per session: B ___ L ___ D ___ Last meal per session: B ___ L ___ D ___