

Wolverine Camps 2015 Application Form

Please Print or Type.

Students Name _____ Grade Next September _____ Sex: M ___ F ___
Last Name First Name

Home Address _____ City _____ State _____ Zip _____

Home Phone# _____ Birth Date _____ Age when attending camp _____

Present School Attending _____ Past Camper yes no

Who is student released to on day of check out _____

Roommate preference (one name) _____ **Make sure students request one another on their applications**

Free Adult Size T-shirt (circle one): Small Medium Large X-Large XX-Large

Parents e-mail address: _____

Please send my acceptance letter to the above email address.

CROSS COUNTRY:

SESSION ONE: JULY 19TH - 25TH (7 DAYS / 6 NIGHTS) / GRADES 7TH - 12TH / TUITION:\$410.00

SESSION TWO: JULY 26TH-AUG 1ST(7 DAYS / 6 NIGHTS) / GRADES 7TH-12TH/TUITION:\$410.00

SESSIONS ONE & TWO: Check-in Sun. 2-4pm / Check out Saturday after morning workout.

OPTIONAL: HIGH ROPES CLIMBING WALL ZIP-LINE
ADDITIONAL \$20/EVENT

ENROLLMENT TERMS:

1. No enrollment is accepted unless accompanied by **registration fee of \$125** for each session you wish to enroll. The registration fee will be applied towards the tuition and the **balance shall be paid 20 DAYS prior to arrival.** Enrollments are taken right up to and including the day of enrollment depending upon available space.
2. Rules must be observed at all times in order to ensure each student's safety.
3. Wolverine Camps reserves the right to remove any boy or girl, who is deemed to be a detriment to the successful and happy operation of the camps and schools, and that the parent or guardian agrees that in the event of such suspension or dismissal or in the case of a voluntary withdrawal, no part of the fee or tuition shall be refunded. No refunds if a student leaves early for any reason.
4. I hereby give Wolverine Camps permission to use in its booklets or other camp advertising any camp picture in which the photograph of my son / daughter appears.

Signed (Parent or Guardian) _____

Registration Fee Full Amount Check# _____ / MC / Visa / Discover

Card# _____ Exp. Date _____ Security Code _____

Billing Address _____ Return application to:

www.wolverinecamps.com

For More Information Call 231-525-8211

Or Email camps@wolverinecamps.com

Wolverine Camps
PO Box 217