



CAMP NEOFA

Northeast Odd Fellows' Association Of the Independent Order of Odd Fellows

Member Jurisdictions: CONNECTICUT . MAINE . ATLANTIC PROVINCES . MASSACHUSETTS . NEW HAMPSHIRE . QUEBEC .
RHODE ISLAND . VERMONT

MILITARY CAMPER APPLICATION 2018

Ages 8 - 14

All questions MUST be answered and the application signed. PLEASE TYPE OR PRINT.

Name _____ Age ____ DOB ____ School Grade ____
(Last) (First) (Initial)

Address _____
(Street Number and Name) (Apt. Number) Telephone # _____
(City/Town) (State/Province) (Zip/Postal Code)

Parent/Guardian _____ Telephone # _____

Name/Address of Lodge or

Individual Paying Fee _____

Are you a member of this organization _____ Yes _____ No

Name of Person in the Military _____ Relationship _____

(Relationship must be immediate family to receive discounted rate)

Contact Person _____ Telephone # _____

Address _____

RESERVATIONS

A CAMPING WEEK begins SUNDAY AT NOON, after lunch – ends SATURDAY AT NOON

A fee of \$10 per day for early drop off, late pick up, or date change

CAMP NEOFA is open for four (4) weeks

CHECK THE WEEK(S) THE CAMPER WISHES TO ATTEND

FOR 8 – 14 YEAR OLDS

1st () July 1-7 2nd () July 8-14 3rd () July 15- 21 4th () July 22 -28

CAMP NEOFA RESERVES THE RIGHT TO REFUSE ANY CHILD WHOSE MEDICAL/BEHAVIORIAL NEEDS CANNOT BE MET

CAMPER FEE FOR WEEKLY SESSIONS IS \$160.00

A transferable but Non-refundable deposit of \$50.00 must accompany application along with a copy of Military Certificate of Service ID Card.

INDIVIDUAL CAMPER FEES MUST BE PAID BY BANK CHECK or MONEY ORDER

(see reverse side)

HEALTH INFORMATION

Home Physician _____ Telephone # _____
Physician's Address _____
Name of Insurance Company: _____
Camper's Insurance/Medicare Number: _____

This information must be filled out in addition to the Health Application that must be filled out by Physician

IN THE EVENT OF ACCIDENT OR ILLNESS, INDIVIDUAL'S INSURANCE WILL TAKE PRIORITY OVER CAMP NEOFA'S INSURANCE

(Camp NEOFA and/or Northeast Odd Fellows' Association are not responsible for any non-work related medical expenses)

X _____
(Parent/Guardian Signature)

PLEASE INCLUDE A COPY OF CAMPER'S MEDICAL CARD WITH APPLICATION

PARENT / GUARDIAN CONSENT

My permission is granted herewith for the attendance of my () Son, () Daughter, () Ward, at Camp NEOFA, Montville, Maine. Should any accident or illness befall them, I understand that proper medical attention will be given and if further participation at Camp NEOFA is restricted by the Attending Physician, I am willing that he/she be returned home at my expense. Should he/she be unwilling to cooperate and become irresponsible and/or disruptive, I authorize that he/she be returned home before the session is concluded, at my expense.

IN THE EVENT OF AN EMERGENCY, IF YOU ARE NOT AVAILABLE, PLEASE NOTIFY:

Name _____ Relationship: _____
Address _____
Work Phone: () _____ Home Phone: () _____
Signed Parent/Guardian _____ Date _____
Signed Emergency Contact _____ Date _____

Send completed application, deposit (\$50) or registration (\$160), copy of camper's medical card and copy of family members Military Card to:

BEFORE JUNE 1:

Alice Bennett, Office Mgr.
PO Box 122
Shelburne , VT 05482-0122

AFTER JUNE 15:

Alice Bennett, Office Mgr.
PO Box 101
Liberty, ME 04949
