



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, and VERMONT

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)

(City/Town) (State/Province) (Zip/Postal Code) Telephone # _____

Parent/Guardian _____ Telephone # _____

Parent/Guardian Email _____

Name/Address of Lodge or _____

Individual Paying Fee _____

Are you a member of organization _____ Yes _____ No

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 five (5) 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

() RESIDENTIAL CAMP FEE \$325.00/ WEEK () DAY CAMP FEE \$175.00/ WEEK

A transferable but Non-refundable deposit of \$75.00 must accompany application

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 Form that must be filled out by Physician prior to coming to camp.

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 (\$75) or registration (\$325 OR \$175), and copy of camper's medical 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