

**2010 Registration for DGES Summer Camps at Devil's Gulch Ranch**

Duplicate this form for additional campers; keep a copy for your records. **Please print clearly**

<p><b>Basic Agriculture/Nature Day camp</b> <b>Ages 6-13</b></p> <p><b>Check weeks of participation</b></p> <p><input type="checkbox"/> June 14 – June 18  <input type="checkbox"/> June 21 – June 25  <input type="checkbox"/> June 28-July 2  <input type="checkbox"/> July 5- July 9  <input type="checkbox"/> July 12-July 16  <input type="checkbox"/> July 19-July 23  <input type="checkbox"/> July 26-July 30  <input type="checkbox"/> August 2-August 6  <input type="checkbox"/> August 9 – August 13</p>	<p><b>Leader In Training (LIT)</b> <b>Ages 12 and up</b></p> <p><b>Mandatory training weekend pick one</b></p> <p><input type="checkbox"/> June 12 – June 13 or  <input type="checkbox"/> July 10-July 11</p> <p>Weeks of LIT participation in Day Camp. Must attend LIT training before attendance.</p> <p><input type="checkbox"/> June 14 – June 18  <input type="checkbox"/> June 21 – June 25  <input type="checkbox"/> June 28-July 2  <input type="checkbox"/> July 5- July 9  <input type="checkbox"/> July 12-July 16  <input type="checkbox"/> July 19-July 23  <input type="checkbox"/> July 26-July 30  <input type="checkbox"/> August 2-August 6  <input type="checkbox"/> August 9 – August 13</p>	<p><b>Office use only.</b></p>
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If any of the weeks you marked above are full, please indicate your choice:

Put me on the waiting list  return my registration  alternate week \_\_\_\_\_ 1<sup>st</sup> alt. \_\_\_\_\_ 2<sup>nd</sup> alt.

Camper: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at time of Camp \_\_\_\_\_ Gender:  Male  Female Shirt Size \_\_\_\_

What years previously at a Camp at Devil's Gulch Ranch \_\_\_\_\_

Yes  No Does your child have any health, mental issues, behavior, or any other concerns that our staff need to be aware of? Please explain on the back.

Yes  No Does your child need any special accommodations? Please explain on the back.

What 3 activities at camp does your child most want to do?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Names of siblings attending camp: \_\_\_\_\_

Parent/Guardian: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Physical Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different:

Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Where did you find out about Camps at Devil's Gulch Ranch? \_\_\_\_\_

Decline Camp Car Pool phone / email list

	# of weeks		Cost	Session Total
Registration before April 15 <b>Day Camp</b>		x	440	
Registration before April 15 <b>Day Camp, returning*</b>		x	425	
Registration after April 15 <b>Day camp</b>		x	465	
Registration after April 15 <b>Day camp, returning*</b>		x	450	
LIT Training		x	100	
LIT Participation		x	425	
*For those who attended camp in previous years, or for subsequent sessions if a new camper is attending 2 or more sessions this year.			total	

***Make check payable to DGES and mail to P.O. Box 557, Nicasio, CA 94946***

Call (415) 662-1099 or email [lisa@devilsgulchranch.com](mailto:lisa@devilsgulchranch.com)