

Dear Parent or Guardian:

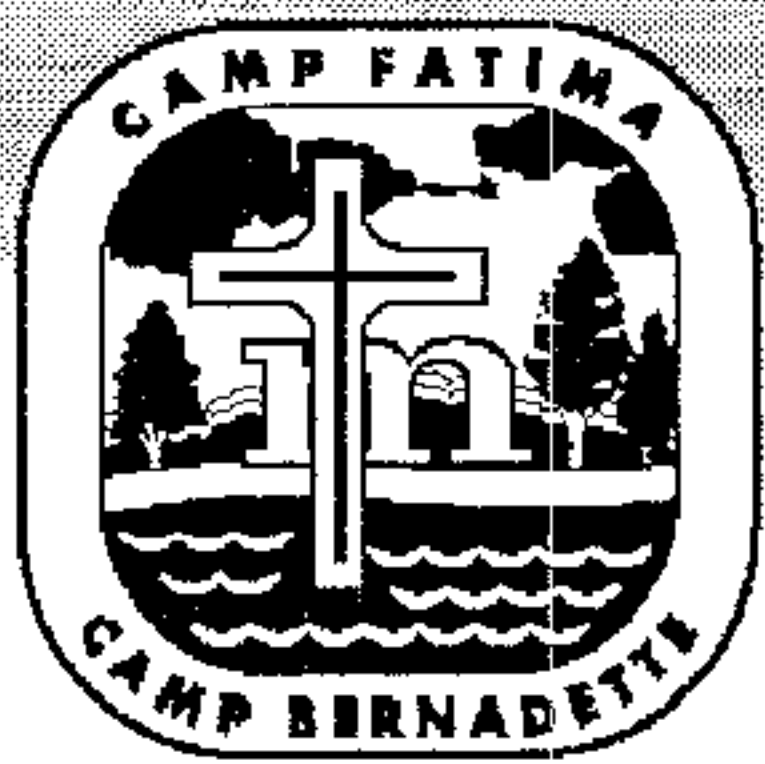
Enclosed you will find your 2012 Registration form for Camp Bernadette and Camp Fatima. We urge you to send your applications in today as many of our sessions, especially for the older campers, fill up extremely fast. You may want to consider mailing your registration using an overnight service as registrations are placed on the day that they are received at the camp office. If using anything other than the post office they will require a street address of: 32 Fatima Rd. Gilmanton Iron Works, NH 03837.

The following are guidelines to our registration process that may help:

- Registrations were sent out on November 1st to all returning campers. As you know some sessions may already be full. It is recommended, if possible to give alternate sessions in order of preference. In this way, if your 1st choice is filled we will be sure to get you into the next possible session available. We will automatically put you on the waitlist for your 1st choice and send you a confirmation for the session for which you are registered. Please provide your email address as confirmation letters and invoices will be sent via email.
- During this time, we ask that you do not contact the camp office to check on the status of registrations. We will contact you by phone if there are questions or by mail to confirm registration.
- Bus information will go out in April for our NY area campers who have registered.
- For those campers who need to make flight arrangements, Fatima and Bernadette will only pick up and drop off at the Manchester, NH airport. The cost is \$50.00 per child each way. Call the camp office to receive an airport travel form.
- If you have children attending both camps please make separate checks payable to Camp Fatima and Camp Bernadette. To receive the \$20 sibling discount (see below) please mail registrations together.
- If you have more than one child attending either camp, every child after the oldest child will receive a \$20.00 sibling discount for each session they attend.
- Your son/daughter will need to be 15 years old by the end of the session he/she is attending to be eligible for our Club/Suite 15 program. There is additional \$50.00 charge per session for out of camp adventures for Club/Suite 15 campers.

Please note that confirmation letters may not be sent out until mid December, due to the high volume of mail that is received. We thank you in advance for your patience and understanding.

Tuition for 2012	NH Residents	Out of State Residents
2 week session	\$860.00	\$960.00
4 week session	\$1720.00	\$1920.00
6 week session	\$2580.00	\$2880.00
8 week session (Bernie only)	\$3440.00	\$3840.00
Starter Week (co-ed @ Fatima)	\$475.00	\$475.00



2012 Registration



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P.O. Box 206, 32 Fatima Road
Gilmanton IW, NH 03837-0206
603-364-5851

CAMP BERNADETTE for Girls

Wolfeboro, NH

If possible, give alternate sessions
in order of preference.

- ___ 1st Period: Sun, June 24 to Sat., July 7
- ___ 2nd Period: Sun., July 8 to Sat., July 21
- ___ 3rd Period: Sun., July 22 to Sat., Aug 4
- ___ 4th Period: Sun., Aug 5 to Sat., Aug 18

CAMP FATIMA for Boys

Gilmanton Iron Works, NH

If possible, give alternate sessions
in order of preference.

- ___ 1st Period: Sun, June 24 to Sat., July 7
- ___ 2nd Period: Sun., July 8 to Sat., July 21
- ___ 3rd Period: Sun., July 22 to Sat., Aug 4
- ___ Starter (co-ed, ages 5-9) Aug 5 to Aug 10

Upon arrival camper must have attained or will be attaining the appropriate age during the session.

Juniors (ages 6-10) ___ Intermediates (ages 11-12) ___ Seniors (ages 13-14) ___ Club/Suite 15 ___
Returning Camper ___ Sibling of a Returning Camper ___ New Camper ___

CAMPER FIRST NAME _____ LAST NAME _____

MALE ___ FEMALE ___ BIRTHDATE ___ (month) / ___ (day) / ___ (year) AGE (upon arrival) _____

PARENT #1 _____ HM() _____ WK() _____ CELL() _____

PARENT #2 _____ HM() _____ WK() _____ CELL() _____

ADDRESS - All information including next year's registration will be mailed to the address provided below. Camper resides with _____

STREET _____ Check if address has changed from last year _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

COUNTRY (if other than USA) _____

Please print as confirmation letters will be sent via email

EMERGENCY CONTACT (other than parent) _____ TEL# _____

How did you hear about Camp Fatima/Bernadette? Friend/Family Newspaper School Internet Church Camp show...Other _____

Bunk Requests. Your child may request to bunk with **one** friend. **Multiple requests may not be fulfilled.** If you request **not** to bunk with someone, no other bunk request will be granted. To make a request, please print the friend's name in the space provided below. The friend indicated below **must** also request your son or daughter on their form. Both campers must be in the same division. **Non-matching requests can not be guaranteed.** Any future requests or changes must be in writing or emailed to us at info@campsfatimabernadette.org

My child would like to bunk with _____

\$860 (NH resident) x _____ # of sessions	+
\$960 (out of state) x _____ # of sessions	+
\$50 program fee for Suite/Club 15 per session	+
I would like to add \$ _____ for the general scholarship fund (This will go directly to campers seeking financial assistance)	+
Total	=
\$100 per session & any additional pymts.(check enclosed)	-
Balance remaining (due 1 month prior to session)	=

List any special instructions we should follow to care for your child. Include any health problems, restrictions, allergies and medications

Note: Please alert our nurses about any special problems

NOTE: There will be a service charge of \$20.00 billed to your account on any checks that do not clear the bank. **A \$25.00 fee will be added for all wire transfers.** **THE REGISTRATION FEE SHALL BE APPLIED TO THE TOTAL TUITION. THE REGISTRATION FEE WILL NOT BE REFUNDED IN THE EVENT OF WITHDRAWAL.** The remaining balance is due at least **one month** prior to the beginning of the session. There will be no reduction of fees for early departure or late arrival. Should a camper withdraw or be sent home after the start of Camp for any reason, tuition will not be refunded unless withdrawal is for medical reasons recommended by our medical staff.

THE APPLICANT HAS MY APPROVAL TO PARTICIPATE IN ALL REGULAR CAMP ACTIVITIES. HIS/HER NAME OR PICTURE MAY APPEAR IN CAMP PUBLICATIONS (yearbooks, brochures, website, etc.). I ALSO AGREE TO ALL CHARGES AND POLICIES OUTLINED ON THIS FORM.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

This space for office use only. Do not write in this box

Date Received _____ Check # _____ Amount _____ Notes _____ website _____