

**WINTER:**  
6202 N. Camino Almonte  
Tucson, AZ. 85718  
(520) 477-7531  
FAX: (520) 615-7771



**SUMMER:**  
P.O. Box 1188  
Woodruff, WI. 54568  
(715) 356-6022  
FAX: (715) 356-7599

### CIT Application - 2017 Season

**BEFORE YOU START:** Please review this application form carefully. If this CIT does not live continuously with both parents, please use the space below for the parent(s) living with the CIT, and then complete the reverse side of this form for the parent(s) not living with the CIT. The reverse side of this form must be signed by all parents or legal guardians. Please use a separate application form for each applying CIT. Thank you.

CIT's Full Name \_\_\_\_\_ Nickname? \_\_\_\_\_  
(Last Name First)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ This will be my \_\_\_\_\_ summer.  
Dr. Dr.

Mom's Name Mrs. Ms. \_\_\_\_\_ Dad's Name Mr. \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_ Camper's E-Mail \_\_\_\_\_

**TO CONTACT MOM:**

Work Phone \_\_\_\_\_  
Work Fax \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

**TO CONTACT DAD:**

Work Phone \_\_\_\_\_  
Work Fax \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

Non-Parent Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Email Address:** This is **required** for important communication throughout the year. This should be **parents'** email address.

**2017 SEASON DATES:**  
**Pre-Camp Staff Training - June 11th - June 19th**  
**Full Season (Eight Weeks) - June 19th - August 11th**

**All applications must be accompanied by an \$500 deposit.**  
**Payment may be made by check or credit card.**

**PAYMENT SCHEDULE:**

**1st Deposit - \$500 - Accompanying Application\***  
**2nd Deposit - \$1250 - Due on or before January 15th**  
**Balance Payment - Per Invoice - Due on or before May 15th**

*\* Deposit is immediately non-refundable if the applicant is accepted into the CIT program.*

**- PLEASE COMPLETE INFORMATION ON REVERSE SIDE -**

**If CIT is not living with both parents, please complete the following:**

Father deceased       Mother deceased       Parents separated       Parents divorced

**Address Information for Parent(s) NOT Living with the CIT:**

This Parent is       Mother       Father

Parent's Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

Camp Letters and Reports are to be sent to:

Billing Statements should be sent to:

Mother     Father     Both       Mother     Father     Other \_\_\_\_\_

**Age Group Assignment:**

Counseling team assignments are made based on many factors including counseling experience, age group preferences of counselors, counselor personalities, etc. Bearing in mind that these assignments are not finalized before orientation, please list the age group (NOT specific campers) you think you'd like to be assigned to:

\_\_\_\_\_

I/We have read the Camp Timberlane Enrollment Information and Policies, accept financial responsibility for this camper, and accept the terms as stated on the Enrollment Policies form.

I/We furthermore give permission to the medical personnel selected by the camp directors to dispense OTC and prescription medications, order X-rays, routine tests, treatment, and necessary transportation for my/our child. In the event I/we cannot be reached in an emergency, I/we hereby give permission to the physician selected by the camp directors to secure and administer treatment, including hospitalization, for my/our child as named above. This authorization may be photocopied for trips out of camp.

I/We further grant permission for my/our child to enter Canada with employees of Camp Timberlane while participating in the camp wilderness trips program during the term of the summer camping season.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian) (Date)

\_\_\_\_\_  
(Signature of Parent or Legal Guardian) (Date)

