

CAMPER APPLICATION

**NEW CAMPER
ATTACH
PHOTO HERE**

Today's Date: _____

*Mail application and \$300 deposit check to Camp Mystic,
2689 Highway 39, Hunt, Texas 78024*

I hereby apply for reservation for my daughter at Camp Mystic for the summer of 20 _____. You will find enclosed the required deposit of \$300 which, I understand, will be credited to my daughter's camp fee. I agree to pay the remainder of the camp fee five weeks before opening date.

Camper's Full Name					Name Used		
Birthdate			Age		Address		
Grade completed before entering camp term:			Years Attended Mystic:		City		
School					State	Zip	
Camper's Email (optional)					Camper's Cell (optional)		
Parent Info	Mother			Father			
First Name							
Last Name							
Email							
Home #							
Work #							
Cell #							
Occupation							
How did you learn about Mystic (if friend, give name)							
If mother or relative attended, please give maiden name and year attended							
If mother and father do not live together, with whom does child live with?					If either parent is deceased, state which one:		
Other camps attended					Church affiliation		Communication Preference Email <input type="checkbox"/> Letter <input type="checkbox"/>
What do you wish your daughter to accomplish at Mystic?							
Special health information that Directors/Counselors need to know:							
Please list medication your child is currently taking:							
Term Preference	1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> First Available <input type="checkbox"/>			Cabinmate Preference (if any)			

If for valid reasons request for cancellation of this reservation is made prior to March 1, 20 _____, the reservation fee will be refunded. Make all checks payable to Camp Mystic. In signing this application I certify that my daughter is amenable to discipline and is free from habits that would make her an undesirable camper. I agree in the event of dismissal or withdrawal on account of homesickness, misconduct, or any other cause, except an illness requiring the attention of a physician, that I will pay the camp fee in full. I understand that in the event of withdrawal advised by the camp physician on account of illness, the camp will refund 1/2 of the fee for the unexpired portion of the term. Unless withdrawal is advised by the camp physician, no refund will be allowed in any event.

This application has my approval and consent:

Signature of Parent or Guardian _____