

Today's Date: _____

CAMPER APPLICATION
(online application available at campmystic.com)
 Mail application and \$300 deposit check to Camp Mystic,
 2689 Highway 39, Hunt, Texas 78024

**NEW CAMPER
 ATTACH
 PHOTO HERE**

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 #							
Business or Profession							
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		
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 request for cancellation of this reservation is made prior to March 1st of the Camp year for which my child is registered, the deposit paid will be fully refunded. In the event of a dismissal or withdrawal for homesickness, misconduct or any reason other than an illness or injury requiring the attention of a physician, no refund will be given. In the event of a dismissal or withdrawal advised by the camp physician on account of an illness or injury, the camp will refund 1/2 of the fee paid, prorated for the unexpired portion of the term.

Signature of Parent or Guardian: _____