



Only \$500 deposit required at registration  
Payment plans available. 800-782-5319

**PLEASE FILL IN FRONT AND BACK OF APPLICATION**

**Camper Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Gender:  M  F Age (as of 6/1/19) \_\_\_\_\_ Birth Date: MM \_\_\_\_ /DD \_\_\_\_ /YY \_\_\_\_ Grade September 2019: \_\_\_\_\_  
 School Attending: \_\_\_\_\_ Camper lives with:  Both Parents  Mother  Father  
 Camper's Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 This is the camper's (circle): 1 2 3 4 5 6 7 8 9 10 year at Camp Hilltop.  
 Please circle camper's shirt size: Child L Adult S M L XL (Remember, this is for the summer of 2019)  
 If you are new to the Hilltop Family how did you hear about us? \_\_\_\_\_  
 Bunk request, if any \_\_\_\_\_

**Family Information**

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please list the email you would like to have as the primary e-mail contact: \_\_\_\_\_  
 (E-mail addresses are never shared with anyone. They are only used for correspondence from Camp Hilltop.)

**Sessions - CHECK SESSION DESIRED**

ALL SESSIONS BEGIN ON A SUNDAY AND END ON A SATURDAY. The Camp Fee includes lodging, board, laundry service, accident insurance, camp nursing care, programs and program supplies. The fee does not include special horse clinics, transportation, camp store and some optional trips.

CHECK SESSION DESIRED	DATES	2019 FEE
<b>8-weeks</b>	<input type="checkbox"/> SUNDAY, June 30 through SATURDAY, August 24	\$9,325
<b>6-weeks</b>	<input type="checkbox"/> SUNDAY, June 30 through SATURDAY, August 10	\$7,325
	<input type="checkbox"/> SUNDAY, July 14 through SATURDAY, August 24	\$7,325
<b>4-weeks</b>	<input type="checkbox"/> SUNDAY, June 30 through SATURDAY, July 27	\$5,380
	<input type="checkbox"/> SUNDAY, July 28 through SATURDAY, August 24	\$5,285
	<input type="checkbox"/> SUNDAY, July 14 through SATURDAY, August 10	\$5,475
<b>3-weeks</b>	<input type="checkbox"/> SUNDAY, July 7 through SATURDAY, July 27	\$4,325
	<input type="checkbox"/> SUNDAY, July 28 through SATURDAY, August 17	\$4,325
<b>2-weeks</b>	<input type="checkbox"/> SUNDAY, June 30 through SATURDAY, July 13	\$2,775
	<input type="checkbox"/> SUNDAY, July 14 through SATURDAY, July 27	\$2,775
	<input type="checkbox"/> SUNDAY, July 28 through SATURDAY, August 10	\$2,775
	<input type="checkbox"/> SUNDAY, August 11 through SATURDAY, August 24	\$2,625

## CONDITIONS

1. If it becomes necessary, in the judgment of the Director and the Camp Health Supervisor, to use outside hospitalization, medical, surgical or dental aid for the health and well being of the camper, I hereby authorize the Camp Director to use such outside aid, which shall be billed to me or my insurance first and Hilltop's insurance as secondary coverage. Hilltop is authorized to use its own judgment for immediate handling of any situation and act as summer guardian for my child. Every effort will be made to contact the parent prior to any emergency treatment.
2. Photos & videos taken during the camp season of my child may be used for promotion. If you oppose this policy, please forward a written note stating your rejection.
3. Camp Hilltop's name, logo, written materials, slogans or variations thereof, photographs or images taken at Camp Hilltop or from Camp Hilltop's website may not be used for any purpose.
4. The camp has the right to dismiss any child if his/her actions or attitude are detrimental to the best interest of the camp or campers. Under these circumstances, no refund will be given.
5. I understand that part of the camping experience involves activities, group living arrangements and interactions that may be new to my child. New experiences come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by the camps rules. My child and I both agree that he or she is familiar with these rules and will obey them.
6. I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in New York State and Delaware County, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.

## TERMS

- PAYMENT SCHEDULE
1. \$500 Deposit with Application
  2. \$500 due March 1, 2019
  3. Balance due May 1, 2019

Registrations received after March 1, 2019 are required to pay 1. \$500 deposit and 2. \$500 due March 1, 2019 at the time of registration. Registrations received after May 1, 2019 are required to pay the full amount at the time of registration. If the above terms are not met, all discounts are null and void. In addition, all fees and the child's place in camp may be forfeited.

The deposit is being paid by  Check  Credit Card  
The remaining balance will be paid by  Check  Credit Card

**LATE PAYMENT FINANCE CHARGES** which equals a monthly rate of 1.5% of the unpaid balance will be added. If overdue account must be referred to camps attorney for collection, parent or guardian of camper will be required to pay all attorney's fees.

DISCOUNTS

Siblings - 10% discount will be deducted from sibling's camp fee.  
Referral - Any family referring a new camper to Hilltop will be eligible for a credit of 5% of that camper's fee, credited to their account.  
Check/Cash - A 3% discount will be applied at the time of final payment toward the tuition if all payments are paid by check/cash.

**CHANGES IN SESSION DATES OR REDUCTION IN LENGTH OF STAY AFTER MARCH 1, 2019 WILL RESULT IN LOSS OF ANY DISCOUNTS AND A PENALTY OF \$250 WILL BE ASSESSED. AFTER JUNE 1ST A SESSION REDUCTION WILL RESULT IN LOSS OF ANY DISCOUNTS AND A PENALTY OF ONE-HALF THE PRORATED TUITION.**

REFUND OF PAYMENTS: Up until March 1, 2019, \$400 of \$500 deposit is refundable. A cancellation made after March 1, 2019 will receive no refund. We make no allowances for campers arriving late. If a camper should leave camp before the end of their enrolled session for any reason other than illness, the camp shall apply one-half of the prorated camp tuition toward next year's fee. There will be no refunds of camp store, trip charges, horse clinics or transportation fees. There will be no refund if a child needs to be removed from camp due to inappropriate behavior.

OPTIONAL FEES: Before each camper arrives at camp the Camp Stuff Packet will be available through [www.Hilltop.campintouch.com](http://www.Hilltop.campintouch.com). This includes optional services and trips that you may choose to sign up for. These include: transportation on selected dates, camp store, speciality diets, camp photo, lice treatment, optional horse program and the special trip program.

SPECIAL NOTE: One of the forms included in the above mentioned Camp Stuff Packet is a Camper Confidential Form, which will provide us with valuable information about your child. At this time however, we need to know if your child has any significant behavioral concerns or special circumstances involving physical or psychological considerations. Camp Hilltop cannot accept the application of children who do not have the promise of living cooperatively with other children. If there is anything you should share, please explain on a separate sheet of paper and attach it to the application.

## PROCESSING OF APPLICATION

I hereby apply to enroll the following child with Camp Hilltop. Please return this application to Camp Hilltop, 7825 County Highway 67, Hancock, New York 13783. The appropriate deposit based on the terms above is required to process this application and reserve the desired session.

## METHOD OF PAYMENT

Check made payable to: Camp Hilltop  Cash  Credit Card (MC, Visa, Discover, NO AMEX) - \$50 minimum to use credit card

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address if different than campers: \_\_\_\_\_

**Please note - Amount charged will follow payment schedule above unless otherwise arranged.** As parent or guardian to the enrolled camper listed on this application, I understand and agree to all terms and conditions. I understand that when the application is complete I will receive a copy of the above terms and conditions for my own records.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date