



**For Girls 8 – 15**

**Lake Dunmore  
Salisbury, Vermont**

## **2016 APPLICATION**

**JUNE 26 – AUGUST 20, 2016**

**EIGHT AND FOUR-WEEK SESSIONS**

*Limited 2 week sessions for first-time 2<sup>nd</sup> – 4<sup>th</sup> graders*

***PLUS FIVE WEEK WILDERNESS TRIP***

*For campers 16-18 Inquire for details*



Songadeewin of Keewaydin is operated by The Keewaydin Foundation, a Vermont non-profit corporation.

**Songadeewin of Keewaydin**  
**500 Rustic Lane**  
**Salisbury, VT 05769**  
**Tel (802) 352-9860**  
**Fax (802) 352-4772**  
**www.keewaydin.org**

## **2016 APPLICATION INFORMATION**

### **FEES**

_____ 8 Week Session \$8,900	(June 26 - August 20)
_____ 4 Week Session \$6,950	(June 26 - July 24)
_____ 4 Week Session \$6,950	(July 24 - August 20)
_____ 2 Week Session \$4,250*	(June 26 - July 9)
_____ 2 Week Session \$4,250*	(July 24 - August 6)
*limited to first-time 2 <sup>nd</sup> – 4 <sup>th</sup> graders	
_____ Wilderness Trip \$7,300**	(July 1 – August 10 - tentative until further notice) (Ages 16-18)
**Plus travel expenses fee of \$500.00 USD and 13% Canadian Tax on tuition	

A non-refundable deposit of \$500 is required with the application. (Deposits will be refunded if we are unable to accept a camper.)

### **DISCOUNTS**

Early Bird Enrollment – **\$225 discount if application is received by November 1, 2015**

Sibling Discount – 5% discount on each fee is given for two or more siblings attending any Keewaydin Camp (Temagami, Songadeewin, or Dunmore)

### **OTHER CHARGES**

Camp Store - usually up to \$75.

Transportation from or to the Burlington Airport - \$100.

Chaperoned bus transportation from or to New York City - \$125.

Linen Rental - \$20 for 8 weeks, \$10 for 4 or 2 weeks (pillow, 3 blankets, sheets and pillow case).

### **PLEASE NOTE**

This application is made and accepted in accordance with the provisions of the Songadeewin of Keewaydin brochure and this application. **A \$500 non-refundable deposit is due at the time of this application. (Deposits will be refunded if we are unable to accept a camper.) Payment in full must be received by March 1, 2016. No refunds will be given after this date.** Priority will be given to 2015 campers if their application is received by November 1, 2015, *but this does not mean that returning campers are guaranteed placement through November 1<sup>st</sup>.* **Applications will be accepted on a first come/first served basis.** Priority will also be given to 8-week campers if space is available. No refund is made for campers arriving late or leaving early. The right is reserved to dismiss a girl at any time if deemed in the best interest of the camp or girl. **Application is not valid unless Parent or Guardian has signed the Parent Agreement.**

*Please retain this portion for your records.*

## SONGADEEWIN OF KEEWAYDIN 2016 APPLICATION

**PLEASE PRINT OR TYPE**

Camper's Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_ (2015-2016 school year)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 7/1/2016: \_\_\_\_\_ years \_\_\_\_\_ months  
month/day/year

	Parent or Guardian 1	Parent or Guardian 2
First and Last Name:		
Home address: (Only if different from camper address above)		
Home phone		
Cell Phone		
Work Phone		
Email		

We heard about Songadeewin of Keewaydin through \_\_\_\_\_

Please check desired session:

\_\_\_\_\_ 8 Week Session (June 26 - August 20) \$8,900

\_\_\_\_\_ 4 Week Session (June 26 - July 24) \$6,950

\_\_\_\_\_ 4 Week Session (July 24 - August 20) \$6,950

\_\_\_\_\_ 2 Week Session (June 26 - July 9) \$4,250\*

\_\_\_\_\_ 2 Week Session (July 24 - August 6) \$4,250\*

\*limited to first-time 2<sup>nd</sup> – 4<sup>th</sup> graders

\_\_\_\_\_ Wilderness Trip \$7,300\*\* (July 2 – August 10 - tentative until further notice) (Ages 16-18)

\*\*Plus travel expenses fee of \$500.00 USD and 13% Canadian Tax on tuition

Indicate any special billing instructions here:

---



---

**Application is not valid unless Parent or Guardian has signed the Agreement on the next page.  
Please return this portion with your deposit payable to "Keewaydin"  
Please include name of child on all correspondence and payments.**

**SONGADEEWIN OF KEEWAYDIN  
PARENT or GUARDIAN AGREEMENT**

This application is made and accepted in accordance with the provisions of the Songadeewin of Keewaydin brochure. A non-refundable \$500 deposit is due at the time of this application. (Deposits will be refunded if Songadeewin is unable to accept a camper.) Payment in full must be received by March 1, 2016. No refunds will be given after this date. Priority for placement is given to returning campers if their application is received by November 1, 2015, *but this does not mean that returning campers are guaranteed placement through November 1<sup>st</sup>.* **Applications will be accepted on a first come/first served basis.** Priority is also given to campers who apply for the 8 week session.

In order that Songadeewin of Keewaydin may provide each camper maximum opportunity for her personal development, I confirm that my child is physically and emotionally prepared to fully participate in the programs that Songadeewin of Keewaydin offers. I understand that in signing this application I certify that my child is healthy and free of problems that could be deleterious to her happiness or that of other campers. I agree that in the event this application is accepted and a place is reserved for her in a program, she will remain in the program until the end of the period for which reservation has been made unless she is dismissed by the camp authorities for misconduct or if deemed in the best interest of the camp or girl. In case of voluntary withdrawal or dismissal, I understand that there will be no refund of program charges paid for the time reserved. No refund is made for campers arriving late or leaving early.

I authorize the medical designates of the camp to administer health checks, routine care and any urgent or emergency treatment considered necessary by the camp physician or her assistants. I desire that notification of such illness be sent to me by prompt means of communication. I understand that I am responsible for any bills related to hospital or doctor visits.

It is my desire that my child be enrolled, as indicated on the front of the application, subject to the above conditions. I enclose the deposit and agree to pay her full tuition within the terms stated in the enrollment information. In signing this application I certify that my child is covered by health and accident insurance or Medicaid and I understand that I am obligated to provide the camp with the name of the carrier and policy number. By signing this registration I accept full responsibility for all incurred program fees and expenses.

Permission is granted to use, for publicity purposes only, any photographic or video images in which this camper appears.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return this agreement, along with the completed application, and your deposit payable to "Keewaydin."***

***Please indicate any special billing instructions on the application.***