

# CAMP MERRIWOOD APPLICATION

**THE MILLERS: Gary, Judy, Susan Miller Hild, Mark - Directors/Owners**  
**51 Forest Avenue #107, Old Greenwich CT 06870**  
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Please complete both sides of this application

**NAME OF CAMPER** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **GRADE FALL 200** \_\_\_\_\_

**NAME OF PARENTS** \_\_\_\_\_

**RESIDENCE** \_\_\_\_\_

\_\_\_\_\_ **ZIP** \_\_\_\_\_ **TEL( )** \_\_\_\_\_

**CELL:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**SUMMER ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **ZIP** \_\_\_\_\_ **TEL( )** \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ **TEL IF DIFFERENT** \_\_\_\_\_

Address if Different \_\_\_\_\_

Business Address \_\_\_\_\_ Tel(\_\_\_\_\_) \_\_\_\_\_

Cell(\_\_\_\_\_) \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ **TEL IF DIFFERENT** \_\_\_\_\_

Address if different \_\_\_\_\_

Business Address \_\_\_\_\_ Tel(\_\_\_\_\_) \_\_\_\_\_

Cell(\_\_\_\_\_) \_\_\_\_\_

**BROTHERS AND SISTERS: THEIR NAMES AND AGES** \_\_\_\_\_

\_\_\_\_\_

**PREVIOUS CAMP EXPERIENCE** \_\_\_\_\_

**HAS YOUR DAUGHTER ANY PHYSICAL LIMITATIONS OR UNUSUAL HABITS? I.E. NEED FOR SPECIAL EXERCISE, SLEEP WALKING PRECAUTIONS, ETC.**

**EXPLAIN** \_\_\_\_\_  
\_\_\_\_\_

**ANY SPECIAL MEDICAL TREATMENT OR ATTENTION NECESSARY? PLEASE DESCRIBE AND SPECIFY STEPS THE CAMP SHOULD TAKE:** \_\_\_\_\_  
\_\_\_\_\_

**IS ANY SPECIAL DIET NECESSARY?** \_\_\_\_\_

**DO YOU WISH HER TO RIDE HORSEBACK? (EXTRA CHARGE)** \_\_\_\_\_

**REMARKS OR SPECIAL REQUESTS FOR THE SUMMER** \_\_\_\_\_  
\_\_\_\_\_

**NAMES AND PHONE NUMBERS OF OTHER GIRLS YOU WOULD RECOMMEND**  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_  
I UNDERSTAND THAT CAMP MERRIWOOD MAY USE PICTURES OF MY DAUGHTER IN THEIR PROMO MATERIAL

**DATE** \_\_\_\_\_

(CHECK ONE)

**FULL SESSION** \_\_\_\_\_

**FIRST SESSION ONLY** \_\_\_\_\_

**SECOND SESSION** \_\_\_\_\_

**A NON REFUNDABLE \$500 DEPOSIT IS REQUIRED WITH THIS APPLICATION**

**HALF THE TUITION IS DUE APRIL 1ST AND THE BALANCE IS DUE MAY 1ST**

IN THE CASE OF DISMISSAL WHEN DEEMED NECESSARY IN THE INTEREST OF THE CAMP, OR DEPARTURE, ON ACCOUNT OF VOLUNTARY WITHDRAWAL, THERE WILL BE NO REFUND OF CAMP FEES FOR THE TIME RESERVED. IF HOWEVER, UNFORESEEN CIRCUMSTANCES, SUCH AS SICKNESS OR ACCIDENT, MAKE IT NECESSARY FOR A CAMPER TO WITHDRAW ENTIRELY FROM CAMP BEFORE THE EXPIRATION OF THE TERM FOR WHICH SHE IS ENROLLED, ONE HALF OF THE UNUSED CAMP TUITION WILL BE REFUNDED. THERE WILL BE NO REDUCTION IN TUITION FOR SLIGHT DELAYS IN ENTRANCE OR DEPARTURES.

**MAIL TO: CAMP MERRIWOOD  
51 FOREST AVENUE #107  
OLD GREENWICH, CT 06870**

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