

Family Camp Registration Form
2016
Camp Alleghany

Family's Last Name: _____ Today's Date: _____

Your First Name (point of contact/person filling out the form): _____

Please list the NAMES and AGES (as of 8/1/2016) of each of your family members attending:

Adults
(ages 13 and older)

Children
(ages 2-12)

Infants
(under age 2)

Mailing Address: _____

Email Address: _____ Second Email Address (if applicable): _____

Primary phone number: _____ Alternate phone numbers: _____

Emergency contacts: Please list two emergency contacts' names and phone numbers: _____

Choose your SESSION:

- | | |
|---|--|
| <input type="checkbox"/> ALL WEEK, (7 nights, Sunday 8/7 – Sunday 8/14) | <input type="checkbox"/> Wednesday – Sunday (4 nights, 8/10 – 8/14) |
| <input type="checkbox"/> Sunday – Wednesday (3 nights, 8/7 – 8/10) | <input type="checkbox"/> Thursday – Saturday (2 nights, 8/11 – 8/13) |
| <input type="checkbox"/> Sunday – Thursday (4 nights, 8/7 – 8/11) | <input type="checkbox"/> Thursday – Sunday (3 nights, 8/11 – 8/14) |
| <input type="checkbox"/> Wednesday – Saturday (3 nights, 8/10 – 8/13) | <input type="checkbox"/> Friday – Sunday (2 nights, 8/12 – 8/14) |

FAMILY QUESTIONS

Is your family NEW or RETURNING to Alleghany's Family Camp? (circle one)

How would you like your family to be tented?*

- All together in one tent
 Adults in one tent, children next door
 Other (explain: _____)

**Please know that "river row" in Junior Camp is reserved for Family Camp staff members*

**A second tent fee may apply for families of 5 or smaller who choose to have more than one tent*

Please list any other families you would like to be tented near:

Does anyone in your family have food allergies or dietary restrictions? If yes, please explain.

Does anyone in your family have any medical or physical restrictions or needs, including allergies? If yes, please explain.

Is there any other information about you or your family that you would like us to know?

ALUMNI QUESTIONS

Are you an alumna/alumnus of Alleghany?

If so, what years did you attend Alleghany? (e.g. 1980-1985)

What was your maiden name? (if applicable)

TERMS FOR REGISTRATION

1. Registration will not be accepted unless accompanied by a non-refundable deposit of \$80.00.
2. All payments, less the \$80.00 non-refundable deposit, will be refunded should the registration be cancelled prior to August 1. Anyone withdrawing after August 1st (but prior to the first day of your stay), for any reason other than illness or injury, will be charged a \$150.00 fee.
3. Once you have arrived at Camp Alleghany, you are committed to paying the full amount you agreed upon, even if you decide to leave early. The only exception is illness or injury.
4. Camp Alleghany reserves the right to dismiss, without refund, any family camper whose behavior is inappropriate in a camp community.
5. Camp Alleghany reserves the right to use photographs of our family campers for promotional purposes.
6. During Family Camp there is no medical staff available on site at Camp Alleghany. The Greenbrier Valley Medical Center is approximately 15 minutes away.
7. The entrance to camp is across a river, via cable ferry or row boat. Parents shall be responsible for the control and safety of their minor children on the barge and rowboat. A lifeguard is not provided; you may choose to wear a life jacket if you wish.
8. Camp operates with the highest safety standards. However it does not assume liability for sickness, disease, or accidents.

I have read and agree to the terms as stated above: _____
Signature and Date

I understand that my family is required to adhere to Camp Alleghany's policies and procedures as outlined in the Terms for Registration and the *Family Camp Handbook*. : _____
Signature and Date

PAYMENT

A deposit of \$80.00 is required to secure your spot, remainder of balance is due on August 1, 2016. Adults 13 and older are \$80.00/night, children 12 and under are \$40.00/night. Infants under the age of 2 stay for free. 6% sales tax is applied to total balance.

My total amount owed is \$ _____.
(add up the total for each of your family members, then add 6% sales tax. Contact us with questions!)

_____ I have enclosed a check, payable to Camp Alleghany, in the amount of \$ _____

_____ I wish to pay the amount of \$ _____ by credit card
(fill out below, or call the office at 877-446-9475 to pay over the phone)

Visa or MasterCard (circle one) Card # _____ Exp. ____/____

CV2 _____ Billing zip code: _____ Cardholder's Name _____

Cardholder's Email Address (for receipt) _____

Signature _____ Date: _____

***HAVE A PROMO CODE OR DISCOUNT? PLEASE ENTER IT HERE:** _____

PLEASE SEND COMPLETED FORM TO:

<i>Prior to June 1st</i>	<i>After June 1st</i>
Camp Alleghany	Camp Alleghany
Family Camp	Family Camp
P.O. Box 2515	P.O. Box 86
Staunton, VA 24402	Lewisburg, WV 24901

OR (preferred):
 Elizabeth@campalleghany.com

 Questions? 877.446.9475 or
 Elizabeth@campalleghany.com

You will receive a confirmation email and statement of balance due from the office upon receipt of your completed form and deposit. Please contact us if you do not receive this