

# 2007 Family Camp Registration Form

## Payment & Cancellation Policy

Because we are limited in the number of families, a non-refundable \$250 deposit is required to reserve space. 50% of the remaining fee is payable 60 days before your session begins. The balance is due 30 days prior to your arrival. Reservations requested less than 60 days before a session begins require half of the total fee to reserve space. Cancellations received in writing more than 30 days before your session forfeit only the deposit; less than 30 days forfeit the entire fee, unless we are able to fill your space.

Discounts and credits for the Summer Program do not apply to Family Camp.

There is no financial aid for Family Camp.

## 2007 Family Camp Rates

<b>One-Room Option</b>	
Two People	\$1725
Three People	\$2565
Four People	\$2900
<b>Two-Room Option</b>	
Up to Six People	\$3650



## 2007 Family Camp Reservation Form

## IDYLLWILD ARTS SUMMER PROGRAM 2007

Name \_\_\_\_\_ Phone Day (     ) \_\_\_\_\_ Evening (     ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

### PLEASE WRITE THE NAME OF EACH MEMBER OF YOUR PARTY AS YOU WOULD LIKE IT TO APPEAR ON THE GUEST LIST.

Name	Age	Name	Age
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

### FEE OPTION (check one):

#### One Room

- Two People \$1725  
 Three People \$2565  
 Four People \$2900

#### Two Rooms

- Up to Six People \$3650

### METHOD OF PAYMENT

I have enclosed a check. Check # \_\_\_\_\_ Please charge my credit card. Amount to be charged \$ \_\_\_\_\_

VISA    Mastercard    Am. Ex.    Discover   Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it Appears on card \_\_\_\_\_ Signature \_\_\_\_\_

In completing the Family Camp Reservation Form I acknowledge that I have read the Family Camp Payment and Cancellation policy and agree to abide by it. I understand that I am obligated to pay in full for the accommodations listed on the Reservation Form if I cancel my reservation less than 30 days before my session begins. I understand that I am solely responsible for all medical expenses incurred by me while enrolled in Idyllwild Arts Family Camp. Consent is hereby given for the applicants, while students at Idyllwild Arts, to participate in radio and television programs without compensation and for photographs taken at Idyllwild Arts to be used in Campus-approved publicity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE MAIL THIS FORM AND THE NON-REFUNDABLE \$250 DEPOSIT TO Idyllwild Arts Family Camp • P.O. Box 38 • Idyllwild, California 92549-0038**

**Questions?** Call us at (951) 659-2171 ext. 2365 or (213) 622-0355 • FAX: (951) 659-4552 • E-mail: [summer@idyllwildarts.org](mailto:summer@idyllwildarts.org) • Web: [www.idyllwildarts.org](http://www.idyllwildarts.org)