

# 2009 SUMMER FAMILY CAMP REGISTRATION



### General Information

Please note: Family Camp runs from Noon Saturday to Noon Friday. Friday lunch is included. Room check-out time is 11 A.M. Friday.

Reservation requests for partial stays are not accepted.

Rates cannot be adjusted for family members arriving late, leaving early or missing meals.

Fees include all lodging, meals and activities.

Bookstore, snack bar and staff gratuity are not included.

### Payment & Cancellation Policy

Because we are limited in the number of families, a non-refundable \$500 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.

▼ 2009 Family Camp Rates: See Form below.



**IdyllwildARTS**  
Summer Program

## 2009 FAMILY CAMP REGISTRATION FORM

### QUESTIONS?

Contact our Registrar:  
(951) 659-2171 x 2365  
fax (951) 659-4552  
summer@idyllwildarts.org

Name *Last* \_\_\_\_\_ *First* \_\_\_\_\_

Mailing Address *Street & Number* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

Phone *Day* \_\_\_\_\_ *Evening* \_\_\_\_\_ Email \_\_\_\_\_

### FAMILY INFORMATION *Please write the name of each member of your party as you would like it to appear on the guest list.*

<i>Name</i>	<i>Age</i>	<i>Name</i>	<i>Age</i>
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

**FEE OPTION** *(check one):*     **One Room**                       Two People \$1950                       Three People \$2785                       Four People \$3195  
 **Two Rooms**                       Up to Six People \$4050

**PAYMENT METHOD**     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 COMPLETE AND MAIL THIS FORM WITH YOUR DEPOSIT TO:**  
Registrar, Summer Program • Idyllwild Arts • P.O. Box 38 • Idyllwild, CA 92549-0038