

Clearwater Adventures

ISLAMORADA, FLORIDA

Camper Information

Camper's Name: _____ / /
Last First Age Birth Date

Parent's Names: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Hm Ph: () Wk Ph: () Mb Ph: ()

Parent's E-Mail: _____

Camp Selection

1 & 2 Week Sessions (Please check the box next to your selected camp)

<input checked="" type="checkbox"/>	CAMP	CAMPERS	DATES	COST
<input type="checkbox"/>	Clearwater Session I	Boys 12-18	June 11-17	\$1,900
<input type="checkbox"/>	Clearwater Session II	Boys 12-18	June 18-24	\$1,900
<input type="checkbox"/>	Clearwater Session III	Boys 12-18	June 25-July 1	\$1,900
<input type="checkbox"/>	Clearwater Session IV	Father/Son Camp	July 2-8	\$3,800
<input type="checkbox"/>	ICAST SHOW	No Camp	July 9-15	
<input type="checkbox"/>	Clearwater Session V (2 weeks)	Boys 12-18	July 16-29	\$3,800
<input type="checkbox"/>	Clearwater Session VI	Boys 12-18	July 30-Aug 5	\$1,900

Camp Payment

Deposit Required – \$250 per week Balance Due 30 days prior to camp

Amount Paid: _____

I authorize Clearwater to use the Credit Card information below to pay the remaining balance 30 days prior to camp. ()

Method of Payment: Check () Credit Card ()

CC Amount: _____

CC Number: _____

Signature: _____ Exp. Date ____/____/____

RETURN TO: Clearwater Adventures Camp PO Box 2608 Bandera, TX 78003
 830-562-3354(W) 512-217-1587(M)
 ClearwaterAdventuresUSA@gmail.com