

111 Lake Gloria Road  
 Boswell, PA 15531-2509  
 www.sb2w.org



Phone: 814-629-9744  
 Fax: 814-629-9057  
 Email: info@sb2w.org

## 2020 APPLICATION FOR ENROLLMENT

Please complete all information and use only one name per application. \* Indicates **Required** information.

If you would like to pay the \$100 deposit by Credit Card please apply on our web site at www.sb2w.org.

If you're selecting more than one option, please number them in order of preferences.

<b>Lake Gloria</b> Ages: 8-18	<input type="checkbox"/> Summer One June 11 - June 19	<input type="checkbox"/> First Term June 21 - July 3	<input type="checkbox"/> Second Term July 5 - July 17	<input type="checkbox"/> Third Term July 19 - July 31	<input type="checkbox"/> Fourth Term Aug 2 - Aug 14
Office use only					
<b>Que</b> Ages: 8-18	<input type="checkbox"/> Summer One June 11 - June 19	<input type="checkbox"/> First Term June 21 - July 3	<input type="checkbox"/> Second Term July 5 - July 17	<input type="checkbox"/> Third Term July 19 - July 31	<input type="checkbox"/> Fourth Term Aug 2 - Aug 14
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<b>Tuition</b> Summer One: \$555 by cash \$575 by Credit Two Week Terms: \$805 by cash \$825 by Credit <b>\$100 deposit -- Please include with each application</b> Tuition Balance is due on April 1st. Please make checks payable to: SUMMER'S BEST TWO WEEKS or SB2W.	<b>Deposit Refund Policy</b> \$100 refundable from the Wait List. If accepted into camp: \$90 refundable before Jan. 1 \$50 refundable before March 1 \$0 refundable after March 1	Full Tuition is <b>NOT</b> refundable within 3 weeks prior to the start of your term.
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Name of Camper\* \_\_\_\_\_ Name or Nickname Used \_\_\_\_\_

Street\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ +4 \_\_\_\_\_

Phone and Code\* \_\_\_\_\_ Family Email\* \_\_\_\_\_

Present Age\* \_\_\_\_\_ 2019-20 School Year Grade\* \_\_\_\_\_ Birth Date\* \_\_\_\_\_ Mo/Day/Year Male  Female

Father's Name (Mr., Rev., Dr.)\* \_\_\_\_\_ Father's Profession \_\_\_\_\_  
 Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Name (Mrs., Rev., Dr., Ms)\* \_\_\_\_\_ Mother's Profession \_\_\_\_\_  
 Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Are both parents living?\* \_\_\_\_\_ Are parents:  married,  divorced,  separated,  Other \_\_\_\_\_

If separated or divorced, to whom does Camp correspondence go?  Father  Mother  Both Parents \_\_\_\_\_

Church you attend \_\_\_\_\_ How many years have you completed at SB2W Resident Camp? \_\_\_\_\_

If you or a brother or sister were former SB2W Day or Resident Campers, please indicate team: Roman  Galatian

If your first year, who most influenced your decision to attend SB2W? \_\_\_\_\_

What do you most desire that your Camper get out of Camp? \_\_\_\_\_ Additional Comments: \_\_\_\_\_

List and discuss any physical or psychological concerns for your Camper:

Cabin Requests (limit 2) \_\_\_\_\_

Insurance Carrier\* \_\_\_\_\_

CONDITIONS OF APPLICATION: I approve the application above and the conditions listed below. I have written any necessary and pertinent information concerning our family and our camper. In case of illness I hereby give permission for medical care by physician and/or hospital chosen by Camp Director/Doctor/Nurse. I understand that every effort will be made to contact parent/guardian in case of emergency. I consent to the use of photos or video clips of my child for use in the camp book, camp movie, camp website or other promotional materials.

Signature of Parent or Guardian\* \_\_\_\_\_ Date \_\_\_\_\_

Application received _____	Deposit received _____
Brother _____	Sister _____

FOR OFFICE USE ONLY

Term Code: I II