

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



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### 2022 APPLICATION FOR ENROLLMENT

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

<b>Lake Gloria</b>	<input type="checkbox"/> Summer One	<input type="checkbox"/> First Term	<input type="checkbox"/> Second Term	<input type="checkbox"/> Third Term	<input type="checkbox"/> Fourth Term
<b>Dates</b>	June 16 - 24	June 26 - July 8	July 10 - 22	July 24 - Aug 5	Aug 7 - 19
<b>Que</b>	<input type="checkbox"/> Summer One	<input type="checkbox"/> First Term	<input type="checkbox"/> Second Term	<input type="checkbox"/> Third Term	<input type="checkbox"/> Fourth Term

**Tuition**  
 Summer One: \$565 by cash \$585 by credit  
 Two Week Terms: \$820 by cash \$840 by credit  
**\$100 deposit -- Please include with each application**  
 Tuition Balance is due on April 1st. Please make checks payable to:  
 SUMMER'S BEST TWO WEEKS or SB2W.

**Deposit Refund Policy**  
 \$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 **NOT** refundable within 3 weeks prior to the start of your term.

Name of Camper\* \_\_\_\_\_ Name or Nickname Used\* \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_

Current Age\* \_\_\_\_\_ 2021-22 School Year Grade\* \_\_\_\_\_ Birth Date\* \_\_\_\_\_ Gender\* \_\_\_\_\_

Parent Information:	Title	Name	Cell Phone	E-mail	Profession
_____	_____	_____	_____	_____	_____

Are both parent living?\* \_\_\_\_\_ Marital Status\* \_\_\_\_\_

If divorced or separated, 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 sibling were former Day or Resident Campers, please indicate team: \_\_\_\_\_

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

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

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

Additional Comments: \_\_\_\_\_

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

Insurance Carrier \_\_\_\_\_ (Insurance coverage is required for your child to attend camp.)

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 \_\_\_\_\_