

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



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2023 APPLICATION FOR ENROLLMENT

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

| | | | | | |
|--------------------|-------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|
| Lake Gloria | <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 |
| Dates | June 15 - 23 | June 25 - July 7 | July 9 - 21 | July 23 - Aug 4 | Aug 6 - 18 |
| Que | <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: \$590 by cash \$610 by credit
 Two Week Terms: \$860 by cash \$880 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* _____ 2022-23 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 _____