



WEST END HOUSE
EST. CAMP 1908

WEST END HOUSE CAMP 2019 APPLICATION FORM

These are last season's 2018 rates that will apply if you send in the application & deposit by 11/30/18!

- ___ 2 weeks June 23 - July 7 \$2,195
- ___ 2 weeks July 7 - July 21 \$2,395
- ___ 4 weeks June 23 - July 21 \$3,995
- ___ 4 weeks July 21 - August 17 \$3,995
- ___ 6 weeks July 7 - August 17 \$5,495
- ___ 8 weeks June 23 - August 17 \$6,595

These are the 2019 rates that will apply if you send in your application & deposit after 11/30/18.

- ___ 2 weeks June 23 - July 7 \$2,295
- ___ 2 weeks July 7 - July 21 \$2,595
- ___ 4 weeks June 23 - July 21 \$4,195
- ___ 4 weeks July 21 - August 17 \$4,195
- ___ 6 weeks July 7 - August 17 \$5,695
- ___ 8 weeks June 23 - August 17 \$6,795

We are proud to offer the best value and experience of any camp, including camps that cost twice as much! Sessions include optional roundtrip coach bus transportation (Boston to Parsonsfield, Maine and return).

Steve Lepler, Tel and Fax: (781) 784-5703 Email: steve@westendhousecamp.org
Bill Margolin, Tel: (617) 783-2267 Email: bill@westendhousecamp.org Fax: (617) 787-4386
Website: www.westendhousecamp.org

Name of son _____ Son's date of birth _____
 Address _____ Grade now in school _____
 City _____ State _____ Country _____ Zip _____
 This will be year number _____ for _____ at West End House Camp.
 Telephone (Home) _____ (Business) _____ (Cell) _____
 Email (Parent) _____ Email (Child) _____

Please enroll applicant for _____ weeks beginning _____ 2019.
\$1000 nonrefundable deposit enclosed. Total enclosed _____.

My son has permission to participate in all camp programs, camp trips, and special outings planned and/or supervised by West End House Camp. If consent is needed for a particular activity and I/we are not available, I authorize West End House Camp to contact the person or persons mentioned as my emergency contacts on the medical form. I give West End House Camp permission to reproduce and publish any photograph, video, or other likeness of my son for publicity, advertising, or other camp purpose. I understand that I am responsible for submitting an up to date medical form for my child prior to his arrival at camp.

Signature of parent/guardian _____ Printed name _____
Date _____

Please make checks out to West End House Camp and mail with the application to:
Steve Lepler, West End House Camp, 6 Chase Drive, Sharon, MA 02067.

Welcome or welcome back to the West End House Camp family! We are thrilled that you are on board!