

MN Deaf/Hard of Hearing Family & Friends Camp 2019

Family Information -Please print clearly- (first and last name)

Adult Name _____ Relationship _____

Adult Name _____ Relationship _____

Adult Name _____ Relationship _____

Adult Name _____ Relationship _____

Child Name _____ Age _____ Relationship _____
D/HH or Hearing _____

Child Name _____ Age _____ Relationship _____
D/HH or Hearing _____

Child Name _____ Age _____ Relationship _____
D/HH or Hearing _____

Child Name _____ Age _____ Relationship _____
D/HH or Hearing _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email address: _____

Family Camp Cost:

Prorated overnight rate, divide below rates by 3.5 and add per night.

(one adult, two nights would be \$185.75)

DAY USE FEE: (4 or more hours, no overnight)

\$25 per person plus meals @\$8 per meal per person

<i>Family Camp Fee</i>	Under Age 3	Child 4-6	Youth 7-17	Adult	
1) Number of Family Members					Add Line 3 together enter total below
2) Cost per Member	X \$0	X \$45	X \$250	X \$325	
3) Total Fees	\$	\$	\$	\$	\$

Campground Fee	Under Age 3	Child 4-6	Youth 7-17	Adult	
1) Number of Family Members					Add Line 3 together enter total below
2) Cost per Member	X \$0	X \$30	X \$150	X \$200	
3) Total Fees	\$	\$	\$	\$	\$

Food Allergies/Dietary restrictions

Terms of Agreement

Photo Release

I hereby give permission for whole family members to be photographed/videographed during this MN DHH FF Camp. I understand these photos/videos will be used to share via social media and for promotional purposes including flyers, brochures, newspaper and social media.

Parent's/guardian's Initials _____

Medical - Please let us know of any medical conditions or accommodations for your children that we should be aware of _____

Parent/Guardian

I understand that it is my responsibility to keep eyes on my children at all times, and my children understand they must have an adult with them at all times near the water .

_____ Parent's/Guardian's initials

Parents signature _____ Date _____

Terms: 50% fees down payment by March 30th, remainder 50% paid by check May 30th to: Camp Onomia, 14202 Shakopee Lake Rd, Onamia, MN 56359 attn: Jim Schmidt, Director

