

# JAMESON CAMP PAYMENT CONTRACT

Complete this form **ONLY** if an agency or individual is committing to pay for your child's camp fees. This form is to be completed by **you and your sponsor**. Turn in the completed form **before the first day of camp**.

Camper Name \_\_\_\_\_  
Last First M.I. Age

Home Address \_\_\_\_\_  
Street City State Zip Code

Application for Session (please circle): 1 2 3 4 5 6 7 ACE I ACE II CIT Day Camp

## GUARDIAN COMMITMENT:

Please read and sign the Refund Policy below:

- The **LAST DATE** to cancel your camper's registration and receive a full refund is **TWO WEEKS BEFORE HIS OR HER FIRST DAY OF CAMP**.
- Fees can be reimbursed within two weeks before the camp session begins **for the following issues if documentation is provided**: medical problems, summer school, or loss of immediate family member.
- If your child does not show up for camp, and no cancellation arrangements have been made, **YOU WILL BE RESPONSIBLE for your child's camp fees and NOT THE SPONSOR**.
- If your child will not be attending camp for any reason **YOU MUST CALL IN ADVANCE** to be eligible for the refund.
- **A refund will not be issued if your child returns home due to homesickness or because he or she is sent home due to behavior problems.**

By signing, I verify that I have read the refund policy above and I agree to accept the terms as stated.

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of guardian: \_\_\_\_\_ (please print)

The following section is to be completed by the Camper's **SPONSOR ONLY**:

### Sponsor Section

Sponsor Name (please print) \_\_\_\_\_ School / Agency \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Summer Number (if different) (\_\_\_\_) \_\_\_\_\_

#### Please complete below to verify financial commitment:

I verify that \_\_\_\_\_ (Name of agency/individual) will be responsible for covering fees for the following individual: \_\_\_\_\_ (Name of camper). I confirm that a financial commitment of \$ \_\_\_\_\_ will be designated to cover his/her fees for attending Jameson Camp, Inc.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_