



REGISTRATION FORM 2010

POMPOSITTICUT FARM DAY CAMP
25 LEWIS ST., HUDSON, MA 01749
978-562-0968, FAX 978-568-8831
mail@pompositticutfarm.com
www.pompositticutfarm.com

To be completed by the Jr. Leader registrant only (not parents). . . . please print clearly.

NAME _____ HOME PHONE # _____

ADDRESS _____ CITY: _____ ST _____ ZIP _____

SCHOOL _____ D.O.B. _____ AGE during camp _____

EMAIL ADDRESS _____ GRADE IN FALL _____

Please ONLY check the session(s) you are interested in making a full commitment to.

2 WEEK SESSIONS

4 WEEK SESSIONS

Session #1, June 28 - July 9 _____

Session A, June 28 - July 23 _____

Session #2, July 12 - July 23 _____

Session #3, July 26 - August 6 _____

Session B, July 26 - Aug. 20 _____

Session #4 Aug. 9 - August 20 _____

CAMP EXPERIENCE: (List names of camps attended other than Pompositticut, year, length of stay, etc.) _____

LIST AND DESCRIBE ANY HELPING/MENTORING EXPERIENCES:

HAVE YOU ATTENDED PFDC AS A CAMPER? CIRCLE ONE: NO YES
If YES, list the years and ages you attended _____

HAVE YOU ATTENDED PFDC AS A JR.LEADER/JR.WRANGLER? CIRCLE ONE NO YES
If YES, list the years attended and weeks of commitment _____

TO WHICH AGE GROUP WOULD YOU PREFER TO BE ASSIGNED? _____

AS A "15 YR. OLD" AND HAVING FULFILLED THE REQUIREMENTS, TO WHICH ACTIVITY WOULD YOU ENJOY BEING ASSIGNED AND FURTHER YOUR KNOWLEDGE?

1st CHOICE: _____ **2ND CHOICE:** _____

HOW DID YOU HEAR ABOUT THE JR.LEADER PROGRAM? (CIRCLE) NEWSPAPER WEBSITE
PREVIOUS CAMPER CAMP FAIR OTHER _____

FRIEND : Name of Referring Friend _____

Please complete information on back

Listed below are the activities PFDC offers to the children enrolled as campers. As a Junior Leader you will be involved in these areas. Please honestly rate your proficiency on a 1-10 scale below

<i>(1) No Knowledge</i>	<i>(5) Need Refreshing of Skills</i>	<i>(10) Understand & Confident</i>
Creative Arts _____	Archery _____	Horseback Riding _____
Nature _____	Ropes _____	Swimming _____
Court Sports/Games _____	Field Sports/Games _____	Singing _____
Theater _____	Dance _____	Music _____

HOW CAN YOU CONTRIBUTE TO THE ACTIVITIES? (*List skills, certificates, favorite activities, special talents or groups associated with outside of school.*)

WHY DO YOU WANT TO BE A JUNIOR LEADER?

WHAT WAS THE HIGHEST RED CROSS SWIMMING LEVEL YOU PASSED? _____

DO YOU PLAY A MUSICAL INSTRUMENT? _____

IF YES, WHAT INSTRUMENT AND WOULD YOU PLAY AT CAMP? _____

I, _____ the Junior Leader registrant completing this form, have read the information sheet with my parent(s) and/or guardian and understand the preliminary policies outlined.

Signature of Jr. Leader Registrant

Date

PARENT OR LEGAL GUARDIAN TO COMPLETE THE REMAINDER OF REGISTRATION

MOTHER'S NAME _____ HOME PHONE _____

MOTHER'S WORK PLACE _____ WORK PHONE _____

FATHER'S NAME _____ HOME PHONE _____

FATHER'S WORK PLACE _____ WORK PHONE _____

WILL YOU BE PROVIDING TRANSPORTATION FOR YOUR CHILD? *CIRCLE ONE, YES NO*
Will this applicant be arriving with a sibling enrolled as a camper? *CIRCLE ONE, YES NO*

I will be responsible for my son/daughter's transportation, and understand that the camp is not responsible for providing transportation or arranging transport. I understand there is a **non-refundable, non-transferable registration fee of \$100 and admin. fee of \$25 per person enrolled, payable with this registration and 2 completed references.** Final payment in full is due by **May 1, 2010**; late fees will be assessed. This fee covers 2-4 weeks enrolled, and the mandatory training session. I have also reviewed the information on the front of this form with my son/daughter and concur with his/her choice of session(s).

Signature of Parent and/or Guardian _____ *date*