

Please register my child for:

___ Rio Vista (boys)

___ Sierra Vista (girls)

Ages 6 - 16 for 1st & 3rd Term
Ages 8-16 for 2nd Term

VISTA CAMPS 2011 Application

You can also register online at vistacamps.com

Please select term:

___ First Term (6/5-6/18)

___ 1A (6/5-6/11) ___ 1B (6/12-6/18)

___ Second Term (6/20-7/15)

___ 2A (6/20-7/2) ___ 2B (7/3-7/15)

___ Third Term (7/17-7/30)

___ 3A (7/17-7/23) ___ 3B (7/24-7/30)

A \$300.00 deposit must accompany the application to guarantee a place for the summer of 2011. 90% of the deposit less any Earlybird gifts received is refundable upon written request until March 1st of the year applied for. Deposits are non-refundable after March 1. Cancellations after March 1 are subject to a complimentary roll-over for one year. Please make checks payable to VISTA CAMPS.

Full Name _____ Name called _____

Address _____ Home telephone (____) _____

City _____ State _____ Zip _____ Country _____ Camper's E-mail _____

Previous sessions at Vista Camps _____ Tribe _____ Church affiliation _____

Mother's name _____ Address _____

Mother's occupation _____ Work phone _____ Cell phone _____

Mother's E-mail _____

Father's name _____ Address _____

Father's occupation _____ Work phone _____ Cell phone _____

Father's E-mail _____

With whom does child live? Both _____ Mother _____ Father _____ Other (specify) _____

Birthdate _____ (M/D/YR) School _____ Grade completed (as of summer 2011) _____

Other camps attended (When?) _____

How, or from whom did you learn of Vista Camps (please specify) _____

Comments, requests, etc.: _____

I certify that my child is amenable to discipline and free from habits that would make him or her unsuitable as a camper. In the case that I cannot be reached in an emergency, I grant permission to camp officials to provide necessary medical attention in case of sickness or injury. I hereby release Camp Rio Vista, Inc., Camp Sierra Vista, all owners, staff and volunteers, from any damages, personal injury or sickness, or otherwise, suffered by my child or children, due to any accident on or off Vista Camps' premises that might occur while enrolled in camp. I also grant permission for my child to be photographed/videoed during camp activities to be used for camp marketing and promotion purposes.

Parent's signature: _____ Date: _____

In signing this application, I agree to abide by all camp regulations.

Camper's signature: _____ Date: _____

NEW CAMPERS PLEASE ATTACH A RECENT PHOTOGRAPH

Payment for the \$300 deposit may be made using a credit card. (Please fill out the information below.)

Check the appropriate card:



Card Number _____ Exp. _____

Date _____ Amount _____ Security Code _____

Name on card _____ Signature _____

Billing address for card _____

Fax application to (830) 367-4044 or mail to Vista Camps, 175 Rio Vista Road S, Ingram, TX, 78025.

Please do not e-mail with credit card information as it is not secure.