

CAMPER APPLICATION (WEB)

Mail application and check to Camp Mystic Inc., 2689 Highway 39, Hunt, Texas 78024
(830) 238-4660

**NEW CAMPER
ATTACH PHOTO HERE**

Today's Date _____

Girl's Full Name _____ Name Used _____ Age Now _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

I hereby apply for reservation for my daughter at Camp Mystic for the summer of _____. You will find enclosed the required deposit of \$300 which, I understand, will be credited to my daughter's camp fee. I agree to pay the remainder of the camp fee five weeks before opening date.

Term Preference: 1st 2nd 3rd First Available Would you like to receive general camp communications via email? Yes No

Grade completed before entering camp term _____ Number of Years attended Mystic before entering camp term _____

Camper's Email (optional) _____

Home # (_____) _____ Mom's Mobile # (_____) _____ Dad's Mobile # (_____) _____

Mom's Email _____ Dad's Email _____

Mom: First Name _____ Profession _____ Office # (_____) _____

Dad: First Name _____ Profession _____ Office # (_____) _____

If mother and father do not live together, with whom do children live? _____ If either parent is deceased, state which one _____

Church affiliation _____ Other camps attended _____

School last attended _____ Cabinmate Preference (if any) _____

How did you learn about Mystic (if friend, give name) _____

If mother or relative attended, please give maiden name and year attended _____

What do you wish your daughter to accomplish at Mystic? _____

Special health information that Directors/Counselors need to know _____

Please list medication your child is currently taking _____

In case of emergency, who should we notify if parents are not available _____ Phone (_____) _____

If for valid reasons request for cancellation of this reservation is made prior to March 1, 20_____, the reservation fee will be refunded. Make all checks payable to Camp Mystic Inc. In signing this application I certify that my daughter is amenable to discipline and is free from habits that would make her an undesirable camper. I agree in the event of dismissal or withdrawal on account of homesickness, misconduct, or any other cause, except an illness requiring the attention of a physician, that I will pay the camp fee in full. I understand that in the event of withdrawal advised by the camp physician on account of illness, the camp will refund 1/2 of the fee for the unexpired portion of the term. Unless withdrawal is advised by the camp physician, no refund will be allowed in any event.

This application has my approval and consent:

Signature of Parent or Guardian _____