2018 KEYSTONE STATE CAMP APPLICATION

| CHECK BOYS CAMP Y | OU WILL ATTEND: | CHECK GI | <u>KLS'</u> CAMP YC | OU WILL ATTENL |) : |
|--|-------------------------------------|--|--------------------------|-------------------------------|--------------------------|
| BOYS | | GIRLS | | | |
| [] Susquehanna University – June 24-June 27 | | Susquehanna University – June 24-June 27 | | | |
| [] Edinboro Univ – June 29-July 1 | | [] Edinboro Univ – June 29-July 1 | | | |
| [] Slippery Rock Univ – . | | [] Slippery Rock Univ – July 28-July 31 | | | |
| | Commuters: Check he | ere also (NOT | sleeping in college of | lormitory) | |
| Print Clearly | | F:4 N | | | |
| Last Name | | FIRST Na | ame | | |
| Address | | City | | State | Zip |
| Home Phone () | Cell Phone (|) | Emergency P | hone () | |
| Email Address | Parent's Email Address | | | | |
| Year of High School Graduati | on SCHOOL ATTI | ENDING in SEPT 2 | 018 | | |
| CIRCLE the POSITION YO | OU PLAY: 1 Point 2 | Off Guard 3 | Small Forward | 4 Strong Forward | d 5 Center |
| WEIGHT HEIGH | T CIRCLE T-SH | IRT SIZE: Small | Medium Large | X-Large XX-Large | e (Adult Sizes) |
| PAYMENT - Application mus Certified Bank Check will be a | | | | | ney Order or |
| Roommate Preference | | | | | |
| If you wish to be roomed next to | o other friends, list others here | | | | |
| Application must be complet | te to be accepted DID YOU | CHECK THE CAN | MP YOU ARE AT | TENDING? Did voi | ı circle vour |
| position and fill in your height | | | | | |
| | | | - | | |
| PARENTAL MEDICAL IN I understand that Keystone State Ca | | | | | urance for students, and |
| I hereby certify that my child, | mps, Susquenanna Oniversity, Euni | is covered by a p | ersonal insurance police | by that I have in force. Furt | ther, I hereby authorize |
| I hereby certify that my child, routine medical dispensary care for | the above-named student, and I auth | norize treatment not cons | idered routine to be re | ferred to local physicians a | nd medical facilities at |
| my expense. | | | | | |
| [] Check here if you do NOT h www.keystonestatecamp.com un | | child. A waiver will b | e sent to you or you | can obtain one on | |
| Parent's Name | Home Phone | () | Cell Phon | e () | |
| Address | | City/State/Zip | | | |
| MEDICAL INSURANCE CO | | POLICY ID # | | | |
| GROUP # | *IF NO INSUR | ANCE NUMBERS, EXPLA | .IN | | |
| PARENT'S SIGNATURE | | | MUST RE SI | IGNED Date | /2018 |
| | ARDIAN MUST SIGN) If your child | l has an existing medic | | | |
| PAYMENT (Application mu | ust be accompanied by at least | st a \$75 Non-Refui | ndable deposit to | • | • • |
| Order, or Certified Bank Che | • | , | ŕ | W | |
| • | l application with a signed | l check or money | order payable to | : Keystone State C | Camps |
| Price Information for Ove | ernight Campers : | | | | |
| | - | NNA BOYS/GIRI ing after June 1: | | | |
| | | BOYS/GIRLS ing after June 1: \$ | <u>\$275</u> | | |
| | | ROCK BOYS/GIR | | | |

** For Commuter Rates (not sleeping in dorms), call our office at 570-323-2072**

When you attend two sessions listed on this application, you will receive a \$50 discount on the second session attended. Return application and payment to: Keystone State Camps, 7 Hemlock Road, Williamsport, PA 17701