

NRA Whittington Center Adventure Camp Registration

PO Box 700, Raton, NM 87740

Phone: 800~494~4853 Fax: 575~445~9418

Summer 2019

Applications are accepted on a first come, first served basis

Please enter the date this application was completed:

Attending: Session I, June 09 - June 21
 Session II, June 23 - July 5

PLEASE PRINT CLEARLY

CAMPER INFORMATION

Full Name: _____

Name to Appear on Nametag: _____

Birth Date: _____ (Must be 13-17 at Camp) Age at Camp: _____

Address: _____

City: _____ State: _____ Zip: _____ Male: _____ Female: _____

Home Phone: _____ Parent's Cell Phone: _____

Parent's Business Phone: _____ Ext: _____

Have you attended camp previously?* Yes ___ No ___ Year _____

EDUCATIONAL INFORMATION

Name and Address of School: _____

Extra Curricular Activities: (sports, leadership, debate team, musical instruments) _____

SPECIAL REQUIREMENTS: (i.e. medical, disabilities, etc.) _____

T-SHIRT SIZE (MENS): small medium large XL 2XL

PARENT / GUARDIAN INFORMATION

Name: _____

Mailing Address: _____

E-Mail: _____

City: _____ State: _____ Zip: _____ Phone: _____

***Due to high demand campers will no longer be accepted in consecutive years.**

METHOD OF PAYMENT: Payment **NON-REFUNDABLE** if you cancel after April 15, 2019

**Total cost may change prior to camp.

Payment: \$1100.00 per session** 50% (\$550.00) Reservation Deposit
(Remaining Balance due by April 15, 2019)

Make checks or money orders payable to the **NRA WHITTINGTON CENTER**

Amount \$ _____ Check # _____ Money Order _____

Visa MasterCard American Express Discover

Card # _____ CCV: _____ Exp. Date: ____ - ____

Authorizing Signature: _____ Date: _____

Please specify if you would like the remaining balance charged to the card listed above on April 15, 2019. YES NO

BILLING INFORMATION (If other than Parents)

CAMPER IS BEING SPONSORED BY:

- Relative other than Parent - Name & Relationship: _____
- Friends of the NRA - Chapter Name: _____
- Gun Club - Club Name: _____
- Private Grant - Grantor's Name: _____
- Independent Business - Business Name: _____
- Corporate Sponsor - Corporate Name: _____

SPONSOR'S ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____ **Phone #** _____

SEND CAMPER PACKET TO: CAMPER SPONSOR

How did you hear of adventure camp? : _____

COMMENTS:

OFFICIAL USE ONLY
DATE RECEIVED _____ PAID IN FULL _____