

2010 Singtime Frolics Registration



PARTICIPANT INFORMATION

ADULTS (ages 12 & over)

Last Name	First Name	Phone	Email	Keep Private
_____	_____	_____	_____	_____
Primary Contact	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHILDREN (4 – 11)

Last Name	First Name	Age
_____	_____	_____
_____	_____	_____

Address: _____
Street City State Zip

Emergency Contact Information (required for camp insurance)

Name: _____ Phone: _____

REGISTRATION



NEW POLICY!

- ALL registrations must be postmarked no later than **March 12, 2010**
- IF YOU MISS THIS DATE, YOU MISS THE CAMP!
- NO REFUNDS will be issued for cancellations after March 12, 2010

Early Registration (Postmarked by Feb. 15, 2010)

ADULTS: # _____ x \$80 = \$ _____

CHILDREN (4-11): # _____ x \$50 = \$ _____

Registration (Postmarked between 2/15, and 3/ 12, 2010)

ADULTS: # _____ x \$90 = \$ _____

CHILDREN (4-11): # _____ x \$60 = \$ _____

Scholarship Donation:

Your donation will help us offer more scholarships: \$ _____

Total Enclosed \$ _____

SCHOLARSHIP DEADLINE: FEB 15

 I request financial assistance

- usually awarded in exchange for work
- Send in completed registration from postmarked by Feb. 15

➤ **IMPORTANT:** If you miss this deadline you cannot be considered for a scholarship!

Feb 15-28: we will contact you for additional information.

Mar 1: we will notify you of decision

Mar 15: your decision due, with any fees.

ACCOMMODATIONS

We will attempt to honor requests, in order of registration, while trying to accommodate all campers with special needs.

Please check all that apply:

Nights Stayed: Fri & Sat _____ Fri only _____ Sat only _____ None _____

Accommodation: Cabin _____ Camper _____ Tent _____

Cabin Choice: Women only _____ Men only _____ Co-ed _____ Family _____
 Snorer _____ CPAP _____ Early/Light Sleeper _____

Other Needs: Lower bunk _____ Fridge _____ Oven/Range _____

Food

Camp Adams provides meals for Saturday breakfast, lunch, and dinner, and Sunday breakfast. An Alternative entrée that is meat, dairy, wheat, and egg free is available.

Please let us know HOW MANY PEOPLE in your group will want:

REGULAR MEALS Sat Breakfast _____ Sat Lunch _____ Sat Dinner _____ Sun Breakfast _____

ALTERNATIVE ENTRÉE Sat Breakfast _____ Sat Lunch _____ Sat Dinner _____ Sun Breakfast _____

Special Needs

If you have special needs not covered above, please describe here. We will contact you to discuss. **PLEASE TELL US THE BEST TIME/DAY OF THE WEEK TO CONTACT YOU.**

➤ **IMPORTANT!** Please let us know EARLY about any special needs so we can do our best to accommodate you. WE CANNOT GUARANTEE OUR ABILITY TO MEET LAST MINUTE REQUESTS.

Registration Confirmation:

- An email will be sent to confirm receipt of your registration.
- Pre-Camp information will be sent after March 1. It will include general camp information, directions, and a roster of attendees to facilitate carpooling.

Please complete both sides of this form and return with full payment to: Singtime Registrar
Please make check payable to Portland FolkMusic Society 3603 NE 20th Avenue
Portland, OR 97212



FOR MORE INFORMATION CONTACT: Hal Day: 503.626.1537 or hpd@earthlink.net