

Registration Form: Summer Camp 2026

Complete the registration form, using a separate form for each camper. Enclose the non-refundable deposit of \$100.00 (applied to total fee), payable to Beaver Camp, with each application. **DO NOT SEND CASH.** If you are paying by credit card, please indicate the amount you would like charged. Your card will be charged when the registration form is received by mail or fax. Upon receiving the application, we will send you a registration packet to be completed before arrival at camp.

Financial Aid

Friends of Beaver Camp contribute to a campership fund to assist those unable to pay the entire fee. If financial aid is needed, check the box on the registration form and a Campership Application will be mailed to you (you can also print one from our website). The fund is limited and does not cover the deposit. It is distributed on a first-come, first-served basis. The maximum amount of financial aid awarded per camper is \$420. Campership funds are not granted for multiple week stays.

Maximum Household Charge **\$1,325/family** (3 or more campers from the same household)

Register by May 1 and receive a \$35 discount per camper!

Name: First _____ Last _____ Sex (birth gender): M F

Mailing Address: _____

City _____ **State/Prov.** _____ **Zip Code** _____

Age when attending camp: _____ **Date of Birth** _____

Parent/Guardian Name: _____

Home Phone: (____) ____ - ____ **Work Phone:** (____) ____ - ____

Email Address: _____ ☐ Yes, please send me email news and updates

Church (if applies): _____

Special Needs/Diet _____

Sponsoring Agency (if applies): Name of Agency _____

Contact Person _____ **Contact Phone Number** _____

Camp Choice: 1st Camp Name: _____ Ages: _____ Date: _____

(list in order of preference) 2nd Camp Name: _____ Ages: _____ Date: _____

3rd Camp Name: _____ Ages: _____ Date: _____

Cabin Mate Request: Name: _____

(Cabin Mate requests for first year campers will be given priority. Requests must be mutual. All other requests will be considered but not guaranteed. Limit of 1 request)

Please provide information about your child's **physical, emotional, behavioral or mental health** that camp should be made aware of. Indicate any dietary or activity restrictions. Use additional pages if needed. _____

Payment Information: See fees for details.

Total Enclosed: \$ _____ (\$100.00 deposit minimum)

☐ Check ☐ Credit Card

Card Holder Name: _____ **Signature** _____ **Billing Zip:** _____

Exp. Date: ____/____ **Card No.:** _____ - _____ - _____ - _____ **CVV Code:** _____

☐ Check to receive financial aid. A Campership Application Form will be sent to you (you may also download one from our website).

Yes! I'd love to donate \$ _____ to the Campership Fund, which helps families experience the impact of Beaver Camp. This tax-deductible donation is in addition to the registration fee.

Send this form to: Beaver Camp, 8884 Buck Point Road, Lowville, NY 13367. Or Fax/email to 315-376-7011 office@beaver.camp. If you have any questions please call 315-376-2640.