

Use this section for the first or only adult on the registration.

Name 1 _____ Age _____ M/F
to help assign rooms & jobs

Address _____

Zip _____

Phone: Home _____ Work _____

I do I do not want my home phone included on the camper list.
 I prefer meat vegetarian menu.
 I do not do have food allergies.
 I am not am a smoker.
 I have enclosed a scholarship application.
 My roommate/housing preference is _____
 My camper job preference/limitation is _____
 I can offer I need a ride to camp from _____

For Early Music Week only

<small>main instrument</small>

Provide addresses for each registrant. All confirmation information will be sent to the address listed above.

Name 2 _____ Age _____ M/F
to help assign rooms & jobs

Address _____

Zip _____

Phone: Home _____ Work _____

I do I do not want my home phone included on the camper list.
 I prefer meat vegetarian menu.
 I do not do have food allergies.
 I am not am a smoker.
 I have enclosed a scholarship application.
 My camper job preference/limitation is _____

For Early Music Week only

<small>main instrument</small>

COMMENTS:

Use this section for children (give full names and age **at time of camp.**)
 Please add address and phone if different from the first section.

_____	Age	M/F	Meat/Veg
Name 3			
_____	Age	M/F	M/V
Name 4			
_____	Age	M/F	M/V
Name 5			

COMMENTS:

I/We would like to attend a total of _____ weeks.

Please number in order of preference (1,2,3, etc.).
 You may indicate only one first choice.

PINEWOODS CAMP

- ___ Early Music Week
- ___ Folk Music Week
- ___ Community Dance Leaders
- ___ Family Week
- ___ Teacher Training
- ___ English Dance Week
- ___ American Dance & Music
- ___ Contra Dance Callers
- ___ Campers' Week
- ___ English & American Dance Week
- ___ Square Dance Callers

TIMBER RIDGE CAMP

- ___ English & American Dance Week
- ___ Family Week

OGONTZ CAMP

- ___ Family Week 1
- ___ Family Week 2
- ___ Teacher Training

MEMBERSHIP RATES and INFORMATION

All adults on the registration form must be members of CDSS in order to receive early preference.

- I/We would like to join CDSS.
 - \$45 Individual for _____ Name _____
 - \$25 Student/Limited Income
 - \$65 Family \$35 Student/Limited Income Family
- Email address _____
- Don't publish phone/e-mail in the next Members List.
 - Don't share address with other groups.

ENCLOSED PAYMENT COVERS THE FOLLOWING –

- Deposit of \$150/person/week or full payment \$ _____
 - Donation to the Scholarship Fund \$ _____
 - CDSS Membership (see Member Rates above) \$ _____
- TOTAL PAID** \$ _____

- check payable in U.S. funds to CDSS
 - VISA or MASTERCARD
- We will take the deposit now and the balance automatically on due date

Card # / _____ / _____ / _____ / _____

Expiration Date _____

Cardholder's Signature _____

FOR OFFICE USE ONLY

App		Due
St	Wk	\$ _____
Schol	Wk	\$ _____
Rides	Memb	\$ _____
Gen Fam	Sch	\$ _____
Parent	Total	\$ _____
#	DATE	