



Summer's Best Two Weeks
 111 Lake Gloria Road
 Boswell, PA 15531
 814-629-9744

Fax: (814) 629-9057
 Email: info@sb2w.org
 Web: www.sb2w.org

2010 APPLICATION FOR ENROLLMENT

Please complete all information and use only one name per application.
 If you're selecting more than one option, please number them in order of preferences.

Lake Gloria Ages: 8-18	<input type="checkbox"/> Summer One June 10 - June 18	<input type="checkbox"/> First Term June 20 - July 2	<input type="checkbox"/> Second Term July 4 - July 16	<input type="checkbox"/> Third Term July 18 - July 30	<input type="checkbox"/> Fourth Term Aug 1 - Aug 13
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Quemahoning Ages: 8-18	<input type="checkbox"/> Summer One June 10 - June 18	<input type="checkbox"/> First Term June 20 - July 2	<input type="checkbox"/> Second Term July 4 - July 16	<input type="checkbox"/> Third Term July 18 - July 30	<input type="checkbox"/> Fourth Term Aug 1 - Aug 13
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TUITION: Summer One tuition is \$440...\$460 if paid by credit card. Two Week tuition is \$640...\$660 if paid by credit card. \$100 should accompany each application. The tuition balance is due on April 1 unless other arrangements have been made. After acceptance, \$10 is not refundable. After January 1, \$50 is not refundable. After March 1, full deposit is not refundable. Full Tuition is not refundable within three weeks prior to your term. Please make checks payable to: SUMMER'S BEST TWO WEEKS or SB2W.

New Deposit Policy Review
 \$100 deposit with application
 \$90 refundable before Jan. 1
 \$50 refundable before Mar. 1
 \$0 refundable after Mar. 1

-SEE CREDIT CARD INFORMATION ON BACK-

Name of Camper _____ Name or Nickname Used _____

Street _____

City _____ State _____ Zip _____ +4 _____

Phone and Code _____ Fax _____ Family Email _____

Present Age _____ Present Grade (09-10) _____ Birth Date _____ Male Female
Mo/Day/Year

Parents' Names: Dr., Rev., Mr., and/or Mrs. _____

Are both parents living? _____ Is Camper living with both parents? _____ Church you attend _____

If separated or divorced, to whom does Camp correspondence go? _____

Father's Business or Profession _____ Cell Phone _____

Mother's Business or Profession _____ Cell Phone _____

How many years have you completed at SB2W Resident Camp? _____ Social Security Optional _____

If you or a brother or sister were former SB2W Day or Resident Campers, please indicate team: Roman Galatian

If you have attended a SB2W Day Camp, where? _____

If this is your first year, who most influenced your decision to attend SB2W? _____

What do you most desire that your Camper get out of Camp? _____
(Use back if you need additional space)

List and discuss any physical or psychological concerns for your Camper _____
(Use back if you need additional space)

Insurance Carrier _____ Policy No _____

CONDITIONS OF APPLICATION: I Approve the application above and the conditions listed below. I have written any necessary and pertinent information concerning our family and our camper. In case of illness I hereby give permission for medical care by physician and/or hospital chosen by Camp Director/Doctor/Nurse. I understand that every effort will be made to contact parent/guardian in case of emergency.

Signature of Parent or Guardian _____ Date _____

FOR OFFICE USE ONLY

Application received _____	Roman	Deposit received _____
Waiting I SO _____ 1 _____ 2 _____ 3 _____ 4 _____	Galatian	Brother _____
Waiting I SO _____ 1 _____ 2 _____ 3 _____ 4 _____	Old	Sister _____
	New	

