

# Victory Ranch

Please attach recent picture of Camper here.  
Cut to fit inside this box.  
**REQUIRED**  
(for ID while at camp).

## 2016 Application for Enrollment

Mail To: Victory Ranch, P.O. Box 599, Bolivar, TN 38008

Phone: (731) 659-2880

Visit us at [www.victoryranch.org](http://www.victoryranch.org)

Summer 2016 Sessions	Grades Completed	Dates	Cost
<input type="checkbox"/> Session 1 "Beginner Camp"	Coed 4 Nights JK - 1	May 31 - June 4	\$800.00
<input type="checkbox"/> Session 2	Coed 1 Week 1 - 7	June 5 - June 11	\$1,200.00
<input type="checkbox"/> Session 3	Coed 1 Week 1 - 7	June 12 - June 18	\$1,200.00
<input type="checkbox"/> Session 4	Boys 1 Week 1 - 7	June 19 - June 25	\$1,200.00
<input type="checkbox"/> Session 5 "Middle School"	Coed 1 Week 6 - 9	June 26 - July 2	\$1,200.00
<input type="checkbox"/> Session 6	Coed 1 Week 1 - 7	July 3 - July 9	\$1,200.00
<input type="checkbox"/> Session 7	Girls 1 Week 1 - 7	July 10 - July 16	\$1,200.00
<input type="checkbox"/> Session 8	Coed 1 Week 1 - 7	July 17 - July 23	\$1,200.00

Multiple Session Pricing for the Same Camper: 2 weeks \$2,300.00, 3 weeks \$3,400.00, 4 weeks \$4,300.00

**\*IMPORTANT:** This will be my camper's \_\_\_\_\_ year to attend Victory Ranch Summer Camp.

Camper's First Name (what camper goes by) \_\_\_\_\_ Camper's Last Name \_\_\_\_\_

Check Gender:  Male  Female Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Camper's School \_\_\_\_\_

Grade Completed (as of June '16) \_\_\_\_\_ Age (at camp) \_\_\_\_\_ Date of Birth \_\_\_\_\_

One Bunkmate Request \_\_\_\_\_  
(First Name) (Last Name)

\*(You may request only one bunkmate and they must be in the same grade.

**Parents of both campers must make the request.**

Your name must be on your bunkmate's application.)

(cont.)

Camper is living with: Both parents  Father  Mother  Other

Father's Name \_\_\_\_\_ Father's Best Contact \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Best Contact \_\_\_\_\_

Parent's Home Phone \_\_\_\_\_

Parent's E-mail Address \_\_\_\_\_

**Emergency Contact: (other than parents)**

Name of Contact \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**REGISTRATION POLICY FOR 2016:**

- To enroll, we must receive your application and a \$350.00 deposit.
- The balance is due in our office on or before May 15th for all campers not on the waiting list.
- Enrollment will not be complete until we receive all camper forms. All forms are due on May 15th.
- No stay-over campers between Sessions 1 and 2.
- Mail all checks and forms to  
Victory Ranch  
P.O. Box 599  
Bolivar, TN 38008

- We do not accept credit cards for tuition payments or deposits.
- All forms are on our website [www.victoryranch.org](http://www.victoryranch.org)

**• After May 15th we will take registrations until session is full.**

Withdrawal prior to May 15th, tuition less the deposit will be refunded. After May 15th, all fees should be considered due and no refunds shall be given.

The Directors reserve the right to dismiss a camper when it is deemed to be in the best interest of either the child or camp, or for violation of camp rules. No refund or reduction will be made for dismissal or withdrawal after May 15th.

**PARENT RELEASE (REQUIRED FOR 2016 ENROLLMENT):**

*I understand that there maybe elements of risk associated with activities at Victory Ranch. I give permission for my child to participate in all activities at Victory Ranch and hereby release and agree to indemnify Victory Ranch, its affiliates, employees and agents from any and all claims, actions, liabilities, damages, costs, expenses and attorneys fees which may arise out of the Participant's participation in any and all activities at the Victory Ranch. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Victory Ranch directors to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. I give permission for the nurses to administer "over-the-counter" medications to my child if necessary.*

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**Signature Required**

*(This signature represents the legal guardian and person ultimately responsible for payment of the above camper.)*

**FOR OFFICE USE ONLY:**

Acct #: \_\_\_\_\_ Date: \_\_\_\_\_ Camper ID: \_\_\_\_\_

Term: \_\_\_\_\_ Days: \_\_\_\_\_

Deposit Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Balance Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_