

**2017 AUGUST CAMP APPLICATION & CAMPER INFORMATION**  
**Columbia River Gorge, Skamania County, WA**

**NOTE: Applications will be accepted beginning January 2, 2017.**

Please fill out completely. **Note: This form may be filled out electronically, printed and signed or you may print it and fill it out (legibly) by hand and sign. However you prepare the form, it must be mailed with your deposit, not sent electronically, and not sent by any means requiring a signature.**

Please check week(s) for which you are registering. Each individual camper must complete a separate registration form. If you hope to sign up for the same week as a companion, it is best to mail both applications in the same envelope.

- Week 1 (July 15 – 22)
- Week 2 (July 22 – July 29)
- Week 3 (July 29 – Aug. 5)
- Week 4 (Aug. 5 – 12)

**Camp Fees**

- AMC Member one-week fee      \$925
- AMC Non-Member one-week fee      \$975
- AMC Member two-week fee      \$1800
- AMC Non-member two-week fee      \$1900.

Registration is first come, first served. You will receive an e-mail confirming your registration within 3 weeks. **(In the case of oversubscription to a specific week, the registrar will contact you to determine if you'd like to reserve a space in another week or to be on the wait list. Your check will not be deposited until you are assigned a spot.)**

NAME \_\_\_\_\_ F       M       Date \_\_\_\_\_

CURRENT AMC MEMBER? YES  Member # \_\_\_\_\_ NO

NAME as it should appear on your nametag \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PHONE NUMBER home \_\_\_\_\_   
cell: \_\_\_\_\_

**Place a check next to the number where we can reach you if there is a problem with your registration.**

**REQUESTED TENT PARTNER** if you have one: \_\_\_\_\_

This is my first time at August Camp. YES  NO

If you are a returning camper, would you be willing to assist our first-time campers? This might mean wearing a button indicating you are willing to answer questions or show someone the ropes.

Yes  No

Check dietary restrictions (what you are unable to eat):

Red meat	<input type="checkbox"/>	Shellfish	<input type="checkbox"/>
Poultry	<input type="checkbox"/>	Dairy products	<input type="checkbox"/>
Pork	<input type="checkbox"/>	No special preferences	<input type="checkbox"/>
Fish	<input type="checkbox"/>		

What types of hikes are you likely to prefer doing? (Just to help us plan, not a commitment)

A hikes (longer and/or faster paced, more elevation gain)

B hikes (moderate length and pace, with less elevation gain)

C hikes (easier pace and/or shorter, less elevation gain)

Walks/Excursions (little elevation, may be themed – natural history, photography)

Optional (because we sometimes need an extra hike leader on a given day)

Are you an approved hike leader for your chapter or other Club unit (like Cold River Camp)  Yes  No

If yes, will you be current (as of your time at Camp) in WFA  Yes  No and CPR  Yes  No

Thanks for answering – a head hike leader may contact you before Camp.

By completing and signing this form, I acknowledge that I have read and understand August Camp's Cancellation Policy as posted on [www.augustcamp.org](http://www.augustcamp.org) and printed on Page 3 (which I will save for my records). I also further acknowledge that photos taken of me at Camp may be used in presentations or promotional materials. I give permission for this **unless** I email Sam Jamke ([samjamke@gmail.com](mailto:samjamke@gmail.com)) to the contrary.

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Signature

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Date

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To register, mail this completed form with your \$300.00 deposit (**per person**) payable to **AMC August Camp**, **NOT** to the registrar, to:

Trish Niece  
August Camp Registrar  
810 North Farms Road  
Wallingford, CT 06492

**PLEASE DO NOT SEND BY ANY METHOD WHICH REQUIRES A SIGNATURE. THANK YOU.**

For questions, please go to [www.augustcamp.org](http://www.augustcamp.org) or call Registrar Trish Niece at 203-265-9584 (before 9 pm eastern time).

*Make checks payable to AMC August Camp.*

# **DO NOT MAIL THIS PAGE – SAVE FOR YOUR RECORDS**

You will be notified within 3 weeks to confirm your registration – your check may not be cashed immediately.

## **AMC'S AUGUST CAMP Cancellation and Refund Policy**

- Cancellations must be mailed or e-mailed to the Registrar – phone cancellations will not be accepted.
- If a cancellation is postmarked prior to March 1, all but \$50/person will be refunded.
- If a cancellation is postmarked between March 1 and May 1, all but \$300/person will be refunded.
- For cancellations postmarked after May 1, but at least 31 days prior to the first Saturday for which a person is registered, 50% of payment in excess of \$300/person will be refunded. .
- No refunds will be given for cancellations received within 30 days of the first Saturday for which a person is registered.
- Cancellations may be e-mailed to [AugCampReg1887@gmail.com](mailto:AugCampReg1887@gmail.com).

**We encourage you to buy Trip Cancellation Insurance.**

[Travel Insurance Select](http://www.travelinsure.com/cobrand/select/index.asp?pcn=32551) is one company with whom the AMC has worked. Participants can purchase insurance on line from Travel Insurance Select here (<http://www.travelinsure.com/cobrand/select/index.asp?pcn=32551>) or call Travel Insurance Select's customer service number, 800-937-1387.

You may find other companies with better rates.

**You must complete and return the following forms by May 1. Failure to do so may result in the loss of your space at Camp or may eliminate you from being able to serve as a driver while at Camp.**

**PLEASE COMPLETE AND RETURN TO THE REGISTRAR NO LATER THAN May 1, 2017:**

1. The Confidential Health Questionnaire (one for each member of your party)
2. The AMC Volunteer Managed Facilities Release form (can contain multiple signatures. Adults must sign for minors)
3. A check for your final payment made out to **AMC August Camp** (one or two weeks: **\$625 or \$1500 – members; \$675 or \$1600, non-members**)

**Registrar:** Trish Niece, 810 N. Farms Rd., Wallingford, CT 06492

**Please complete and return to TRANSPORTATION COORDINATOR no later than May 1, 2017:**

1. The Transportation form with your COMPLETE FLIGHT SCHEDULE and FLIGHT CONFIRMATION NUMBER (record locator). In case of changes to your schedule that **significantly** affect your arrival time, please notify the Transportation Coordinator, Virginia Campbell, not the Registrar. **NOTE:** On your Saturday departure day you should book a flight departing **after 10 a.m.** If you need to book an early morning flight, you should book it for **Sunday** morning and plan to spend Saturday night in the Portland area. **Transportation to PDX will not be available on departure Saturdays for flights leaving before 10 a.m.**
2. The Authorization to Drive August Camp Vans form if you want to be an approved driver.

**Transportation Coordinator:** Virginia Campbell, 20 Witherell St., Bronxville, NY 10708  
Phone: 917-495-2084/E-mail: [augcamptrans@gmail.com](mailto:augcamptrans@gmail.com).

**Questions about registration:** Trish Niece, 203-265-9584 (**before 9 pm eastern time**)  
**General Camp questions:** Sam Jamke, 603-472-2536 (**before 9 pm eastern time**)