



PLEASE COMPLETE BOTH SIDES AND RETURN TO:  
 CAMP LIVINGSTON WINTER OFFICE PHONE: 513.793.5554  
 8401 MONTGOMERY RD. FAX: 513.793.5004  
 CINCINNATI, OH 45236

**PLEASE NOTE: DEPOSIT AMOUNT \$400 per CAMPER  
 PAYMENT and FORMS DEADLINE: APRIL 1, 2008**

2008 Application  
[www.camplivingston.com](http://www.camplivingston.com)

I will be busing from  Cincinnati  Dayton  Columbus  Louisville  Lexington  Indianapolis  
 St. Louis\* (see fees)  Other

Camper 1 Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Grade in September 2008 \_\_\_\_\_ Email \_\_\_\_\_  
 Is this your first time at Camp Livingston? \_\_\_\_\_ School \_\_\_\_\_ Synagogue \_\_\_\_\_  
**Session 1** **Session 2**  
 Two Weeks Session 1 (Golan & Masada) 6/18-7/2  Two Weeks Session 2 (Golan & Masada) 7/16-7/30  
 OPTION TO STAY FOR 4 WEEKS  OPTION TO STAY FOR 4 WEEKS  
 Four Weeks Session 1 6/18-7/13  Four Weeks Session 2 7/16-8/10  
 AU Session 1 6/18-7/13  AU Session 2 7/16-8/10  
 Machon 8 week program (please note that application process has changed for this group and enrollment is pending acceptance)  
 \*\*\*\*\*Please note that there is no 2 week option for Chalutzim or AU\*\*\*\*\*

Camper 2 Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Grade in September 2008 \_\_\_\_\_ Email \_\_\_\_\_  
 Is this your first time at Camp Livingston? \_\_\_\_\_ School \_\_\_\_\_ Synagogue \_\_\_\_\_  
**Session 1** **Session 2**  
 Two Weeks Session 1 (Golan & Masada) 6/18-7/2  Two Weeks Session 2 (Golan & Masada) 7/16-7/30  
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Check here to request Financial Assistance application (available for Cincinnati families only)

<b>FEES: Cincinnati</b>	<b>Non-Cincinnati</b>
Two Weeks - <b>\$1645</b>	Two Weeks - <b>\$1745</b>
Four Weeks - <b>\$2735</b>	Four Weeks - <b>\$2845</b>
AU - <b>\$3130</b>	AU - <b>\$3230</b>
Machon (Eight Weeks) - <b>\$2855</b>	Machon (Eight Weeks) - <b>\$2955</b>

\*If busing from St. Louis, there will be a \$100 transportation fee

<b>Camper Unit Breakdown</b>
Golan – Entering grades <b>3-5</b>
Masada – Entering grades <b>6-7</b>
Chalutzim – Entering grades <b>8-9</b>
Adventures Unlimited – Entering <b>10</b>
Machon – Entering grade <b>11</b>

**A \$400 NON-REFUNDABLE DEPOSIT PER CAMPER  
 MUST ACCOMPANY THIS APPLICATION IN ORDER  
 TO RESERVE A SPOT. IF THE \$400 DEPOSIT DOES  
 NOT ACCOMPANY THIS APPLICATION, YOUR  
 PLACE MAY BE GIVEN TO SOMEONE ON THE  
 WAITING LIST.**

Please charge my credit card:  VISA  MASTERCARD

Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

Check Enclosed, Check number \_\_\_\_\_

Please charge only the deposit on my credit card and I will send the rest of the payment to your office by April 1, 2008.

Please charge the entire amount to my credit card now.

X \_\_\_\_\_  
 Signature

**\*Camp Livingston will not keep your credit card on file; If you would like to be charged for the remainder of the tuition on the same card, please send in copy of invoice with credit card information. Thank you!**

PLEASE BE SURE TO COMPLETE BOTH SIDES

Camper resides with: \_\_\_\_\_  
 (Please note that only ONE set of US mail correspondence will be sent. Please provide ONE address below)

Parent 1 Name \_\_\_\_\_  
 Parent 1 Email \_\_\_\_\_  
 Parent 1 Work Phone ( ) \_\_\_\_\_  
 Parent 1 Cell Phone ( ) \_\_\_\_\_  
 Parent 1 Home Phone ( ) \_\_\_\_\_

Parent 2 Name \_\_\_\_\_  
 Parent 2 Email \_\_\_\_\_  
 Parent 2 Work Phone ( ) \_\_\_\_\_  
 Parent 2 Cell Phone ( ) \_\_\_\_\_  
 Parent 2 Home Phone ( ) \_\_\_\_\_

Mailing address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY CONTACT**

Who should be contacted in emergency if parent or guardian cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**CAMP FEES ARE DUE IN FULL FOR ALL SESSIONS ON OR BEFORE APRIL 1, 2008.**

I understand that in the event of my cancellation, the deposit is NON-REFUNDABLE. If a camper is withdrawn from the camp before the expiration of the session, there will be no refund. If cancellation is made between April 1 and May 1, 1/2 of the fee is refundable. If cancellation is made after May 1, the entire fee is non-refundable. Refunds will be prorated for campers who are sent home for reasons of accident or illness. If the camper is expelled for cause, no refund shall be given. This includes any violation of Camp Livingston Camper Behavior Policy. If all payments are not received by April 1, there will be a late fee and a possible forfeit of enrollment for someone on the wait-list.

It is further agreed that I release from liability the camp and its personnel for injury or illness accidentally incurred by a camper; that the camp nurse may treat the child for minor complaints; that first aid may be administered when necessary, at the discretion of the nurse and camp director after consultation with the camp physician. It is understood that every effort will be made to notify me before any such action is taken.

Furthermore, by enrolling my child, I give Camp Livingston my permission to use my child's likeness in any promotional material and any other camp use.

\*(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Camp Livingston provides secondary insurance coverage for all campers, covering injuries, which are the result of accidents at camp. We do not have insurance coverage for illness. Parents are therefore required to provide us with their medical insurance policy name, address, and policy number so that we can provide the physician and hospital with the needed information.

Health Insurance Company \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone number \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Name of Insured \_\_\_\_\_  
 Parent or Guardian \_\_\_\_\_

Camp Livingston will make every effort to accommodate requests regarding bunking. If it is possible, I would like for my child to be place with: (Please limit your request to two children)

1. \_\_\_\_\_ CAMPER #1  
 2. \_\_\_\_\_

1. \_\_\_\_\_ CAMPER #2  
 2. \_\_\_\_\_

*Rules for acceptance and participation in the program are the same for everyone without regard to race, color, national origin, age, sex or handicap. Any person who believes he or she has been discriminated against any USDA-related activity should write to Secretary of Agriculture, Washington, DC 20250.*