



CATALINA ISLAND MINI SEACAMP 2019 APPLICATION

PLEASE COMPLETE ALL INFORMATION AND RETURN WITH PAYMENT

PRICE: \$300 PER CAMPER

CAMP DATE REQUESTED:

June 28-30 July 14-16 July 19-21 July 29-31 Aug 4-6

ALTERNATE CAMP DATE: (If first choice is full you will be notified)

June 28-30 July 14-16 July 19-21 July 29-31 Aug 4-6

CAMPER INFORMATION:

Camper's Name: _____ Nickname: _____ None

Camper: Male Female Age: _____ Birthdate: _____

Parent's Name: _____ Email: _____

Home Phone: _____ Work/Cell Phone: _____

Address: _____

Will airport pick-up and/or drop-off be needed (fee will depend on which airport)? Yes No Undecided

MEDICAL FORM: Please fill out medical form with application. Please submit updates to form if anything changes.

METHOD OF PAYMENT:

Check: # _____ VISA MasterCard American Express

Credit Card: _____ - _____ - _____ - _____ Expiration Date: (Mo/Yr): _____ / _____

Name on Card: _____

A **deposit** of at least 50% **MUST** accompany each application with the balance due 14 days prior to camp.
May be Tax Deductible. Check with your tax professional.

Please put Balance Due on Card 14 days prior to camp.

CANCELLATION POLICY:

45 days prior: Full Refund less \$25 Administration fee
44-14 days prior: 50% Refund less \$50 Administration Fee
Less than 2 weeks prior to Camp Date: NO REFUND

Cancellations for medical reasons require a letter from a licensed physician in order to receive a refund of tuition. If Los Angeles Maritime Institute cancels a camp for any reason the whole amount will be refunded or will be applied to another date of the camper's choice.

I grant my permission for the above named child to attend the Los Angeles Maritime Institute's CATALINA ISLAND SEA ADVENTURE CAMP, session as listed above, and have provided true and accurate information about this child.

PARENT SIGNATURE: _____

DATE: _____

mail/fax/email to:
LOS ANGELES MARITIME INSTITUTE
Berth 73, Suite 2, San Pedro, CA 90731
(310) 833-6055 Office - (310) 528-2055 Fax
info@lamitopsail.org