



# CATALINA ISLAND SEA ADVENTURE CAMP 2020 APPLICATION

PLEASE COMPLETE ALL INFORMATION AND RETURN WITH PAYMENT

PRICE: \$600 PER CAMPER

**CAMP DATE REQUESTED:**

- |                                     |   |                                    |                                     |
|-------------------------------------|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> June 22-26 | <input type="checkbox"/> June 29 - July 3 | <input type="checkbox"/> July 6-10 | <input type="checkbox"/> July 13-17 |
| <input type="checkbox"/> July 20-24 | <input type="checkbox"/> July 27-31       | <input type="checkbox"/> Aug 3-7   | <input type="checkbox"/> Aug 10-14  |

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

- |                                     |   |                                    |                                     |
|-------------------------------------|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> June 22-26 | <input type="checkbox"/> June 29 - July 3 | <input type="checkbox"/> July 6-10 | <input type="checkbox"/> July 13-17 |
| <input type="checkbox"/> July 20-24 | <input type="checkbox"/> July 27-31       | <input type="checkbox"/> Aug 3-7   | <input type="checkbox"/> Aug 10-14  |

**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  Discover

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 \$50.00 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