2021

TAMARACK CAMPS, Inc.

111 Easton Valley Road, Franconia, N.H. 03580

603-823-5656

[www.tamarackcamp.com](http://www.tamarackcamp.com) e-mail: [tamaracktenniscamp@gmail.com](mailto:tamaracktenniscamp@gmail.com)

Wed. June 23 – Sun. July 18 $3500.00 (3 ½ weeks)

Wed. June 23 – Wed. July 7 $2500.00 (2 weeks)

Wed. July 21 – Sun. Aug. 15 $3500.00 (3 ½ weeks)

Wed. July 21 – Wed. Aug. 4 $2500.00 (2 weeks)

Due to the uncertainties presented by COVID-19 we ask that you do not send in a deposit at this time. We will ask for a **$250.00** deposit after the new year. This deposit is non-refundable unless we are unable to accept the applicant. The balance of the tuition is **due by May 1, 2021**. Please make checks payable to **TAMARACK** **CAMPS**.

The above fee includes lodging, meals, instruction, laundry and tennis balls. Purchases made in the tennis shop, on weekly trips to town, and optional activity expenses will be charged to the camper’s account.

Clothing list, medical forms and information for parents will be mailed in the spring. All campers are required to have their own health and accident insurance.

Session: (check one)

\_\_\_ June 23– July 18 \_\_\_ June 23– July 7 \_\_\_ July 21 – Aug. 15 \_\_\_ July 21 – Aug. 4

CAMPER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boy/Girl D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

street town/state zip code

PARENT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS (if different than above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE IF DIFFERENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“ CELL/ BUSINESS PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_ “ CELL/ BUSINESS PHONE \_\_\_\_\_\_\_\_\_\_\_

PARENT’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only – please do not print below this line

dep. tuit. acct. med. other