

This form is also available online at www.KidsCamps.com/update.

Program Name:		Director:		Email:		URL:	
Summer Address:		City:		State/ Province:		Country:	
Summer Phone:		Summer Fax:		Toll Free:			
Winter Address:		City:		State/ Province:		Country:	
Winter Phone:		Winter Fax:		Toll Free:			

Camp Type:

Traditional Overnight Camp
 Traditional Day Camp
 Family Camp
 Military Camp
 Holiday Camp
 Camp Rentals
 Conference Center

Sports Camp
 Day
 Overnight
 (select specialties from list below)

<input type="checkbox"/> Baseball & Softball	<input type="checkbox"/> Equestrian/English Riding	<input type="checkbox"/> Hunting	<input type="checkbox"/> Rifery	<input type="checkbox"/> Soccer	<input type="checkbox"/> Water Polo
<input type="checkbox"/> Basketball	<input type="checkbox"/> Extreme Sports	<input type="checkbox"/> Ice Hockey	<input type="checkbox"/> Rollerblading	<input type="checkbox"/> Surfing	<input type="checkbox"/> Western Riding
<input type="checkbox"/> Bicycling	<input type="checkbox"/> Fencing	<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Rowing/Crew	<input type="checkbox"/> Swimming	<input type="checkbox"/> Windsurfing
<input type="checkbox"/> BMX	<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Sailing	<input type="checkbox"/> Tennis	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Bowling	<input type="checkbox"/> Fishing	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Scuba Diving	<input type="checkbox"/> Track & Field	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Football	<input type="checkbox"/> Motocross	<input type="checkbox"/> Skateboarding	<input type="checkbox"/> Volleyball	
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Golf	<input type="checkbox"/> Multi-Sport	<input type="checkbox"/> Snowboarding	<input type="checkbox"/> Wakeboarding	
<input type="checkbox"/> Diving	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Paintball	<input type="checkbox"/> Snow Skiing	<input type="checkbox"/> Waterskiing	

Adventure Camp
 Day
 Overnight
 (select specialties from list below)

<input type="checkbox"/> Adventure	<input type="checkbox"/> Kayaking/Canoeing	<input type="checkbox"/> Rafting	<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Scuba Diving	<input type="checkbox"/> Wilderness	<input type="checkbox"/> Other: _____
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Arts Camp
 Day
 Overnight
 (select specialties from list below)

<input type="checkbox"/> Acting	<input type="checkbox"/> Art	<input type="checkbox"/> Dance	<input type="checkbox"/> Film/TV	<input type="checkbox"/> Music	<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Photography	<input type="checkbox"/> Other: _____
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Academic Camp and Program
 Day
 Overnight
 (select specialties from list below)

<input type="checkbox"/> Archaeology	<input type="checkbox"/> Business/Finance	<input type="checkbox"/> Creative Writing	<input type="checkbox"/> ESL	<input type="checkbox"/> Gifted	<input type="checkbox"/> Language	<input type="checkbox"/> Math	<input type="checkbox"/> Robotics
<input type="checkbox"/> Astronomy	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Debate	<input type="checkbox"/> General Academics	<input type="checkbox"/> International Studies	<input type="checkbox"/> Liberal Arts	<input type="checkbox"/> Pre-College	<input type="checkbox"/> Science
<input type="checkbox"/> Biology	<input type="checkbox"/> Computers	<input type="checkbox"/> Environmental Science	<input type="checkbox"/> Geology	<input type="checkbox"/> Journalism	<input type="checkbox"/> Marine Science	<input type="checkbox"/> Psychology	<input type="checkbox"/> Other: _____

Teen Programs
 Day
 Overnight
 (select specialties from list below)

<input type="checkbox"/> Adventure	<input type="checkbox"/> CIT	<input type="checkbox"/> College Prep	<input type="checkbox"/> Gap Year	<input type="checkbox"/> Internships	<input type="checkbox"/> Leadership/Community Service	<input type="checkbox"/> Study Abroad	<input type="checkbox"/> Teen Tour	<input type="checkbox"/> Other: _____
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Teen Tours (please specify tour region)

<input type="checkbox"/> Africa	<input type="checkbox"/> Asia	<input type="checkbox"/> Australia	<input type="checkbox"/> Canada	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Europe	<input type="checkbox"/> Latin America	<input type="checkbox"/> Mexico	<input type="checkbox"/> Mid-America	<input type="checkbox"/> Mid-Atlantic	<input type="checkbox"/> Middle East
<input type="checkbox"/> New England	<input type="checkbox"/> South Pacific	<input type="checkbox"/> South/Central America	<input type="checkbox"/> Southern	<input type="checkbox"/> Western						

Special Interest
 Day
 Overnight
 (select specialties from list below)

<input type="checkbox"/> Chess	<input type="checkbox"/> CSI	<input type="checkbox"/> Fashion	<input type="checkbox"/> LGBTQ	<input type="checkbox"/> Secret Agent	<input type="checkbox"/> Stunt
<input type="checkbox"/> Circus	<input type="checkbox"/> Culture	<input type="checkbox"/> Fitness	<input type="checkbox"/> Magic	<input type="checkbox"/> Sewing	<input type="checkbox"/> Weight Loss
<input type="checkbox"/> Construction	<input type="checkbox"/> Etiquette & Protocol	<input type="checkbox"/> Game Design	<input type="checkbox"/> Modeling	<input type="checkbox"/> Spa	<input type="checkbox"/> Yoga
<input type="checkbox"/> Cooking	<input type="checkbox"/> Farm	<input type="checkbox"/> Home School	<input type="checkbox"/> Personal Growth	<input type="checkbox"/> Space & Aviation	<input type="checkbox"/> Other: _____

Religious Camp
 Day
 Overnight
 (please specify religion) _____

Special Needs Camp
 Day
 Overnight
 (select specialties from list below)

<input type="checkbox"/> Asperger's/Autism	<input type="checkbox"/> Crohn's/Colitis	<input type="checkbox"/> High Risk/ODD	<input type="checkbox"/> Oncology	<input type="checkbox"/> Therapeutic Wilderness
<input type="checkbox"/> Asthma/Respiratory	<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Physical Disabilities	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Bereavement	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Learning Disabilities/AD/HD	<input type="checkbox"/> Social Skills	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Burn	<input type="checkbox"/> Enuresis	<input type="checkbox"/> Leukemia	<input type="checkbox"/> Speech/Hearing Impairments	
<input type="checkbox"/> Celiac Disease	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Mainstream	<input type="checkbox"/> Spina Bifida	

Program Info:		Price/ Week:	
Accreditation: _____	Minimum Age: _____	1 Week: _____	6 Weeks: _____
Date Founded: _____	Maximum Age: _____	2 Weeks: _____	7 Weeks: _____
Campers per Session: _____	Start Date: _____	3 Weeks: _____	8 Weeks: _____
Gender: _____	End Date: _____	4 Weeks: _____	9 Weeks: _____
		5 Weeks: _____	10 Weeks: _____

Please contact me regarding:

<input type="checkbox"/> CampJobs.com	<input type="checkbox"/> RentMyCamp.com	<input type="checkbox"/> InsureTuition.com	<input type="checkbox"/> Banner Advertising	<input type="checkbox"/> TeenSummerOptions.com
<input type="checkbox"/> KidsCampsEspañol.com	<input type="checkbox"/> ScreenStaff.com	<input type="checkbox"/> GrownUpCamps.com	<input type="checkbox"/> Website Development	<input type="checkbox"/> Other: _____

