

## 2010 Camp Courageous, Inc. Fee Form

In order for us to process your camp reservation, you **MUST** complete this form and return it

### CAMP 2010 FEES *(Does Not Include Non-Refundable Fees)*

\$743.04	Per Week Residential
\$336.80	Per Residential Respite Weekend
\$250.00	Per Camper Sibling
\$240.00	Day Camp Fee (\$100 for sibs/friends)
\$150.00	Summer Options eligible Day Camp Fee

\*\* Two Non-consecutive weeks must be billed as separate weeks now

\*\* Two Weeks with Weekend Camps must be billed separately,

For Example: Session 2, Respite 2, Session 3

OR

Session 6, Respite 6, Session 7

### Non-Refundable Administrative Fee

Day camp Fee - \$25.00      Residential Fee - \$50.00

**(must be included with reservation and is a non-waiver fee - not part of the camp fee)**

Camper Name: \_\_\_\_\_ Session #(s): First \_\_\_\_\_  
Second: \_\_\_\_\_ Third \_\_\_\_\_

### PAYMENT PLAN A- PARENT/GUARDIAN/CAMPER

Parents/Guardian/Camper will pay the fee of \$ \_\_\_\_\_

This will be paid as checked: \_\_\_\_\_ Payment in full enclosed Check #: \_\_\_\_\_ Date \_\_\_\_\_

OR

Charge Payment to:      Master Card      Visa      Discover  
Amt. of Charge: \$ \_\_\_\_\_ Credit Card #: \_\_\_\_\_ exp Date: \_\_\_\_/\_\_\_\_  
Name on account: \_\_\_\_\_  
Signature on account: \_\_\_\_\_

Payments will be made as follows...

Date _____	Amount \$ _____
_____	Amount \$ _____
_____	Amount \$ _____

Private payments are due by the end of the camp session.

**Late payments will be assessed a 5% late penalty for each 30 day period past due.**

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### PAYMENT PLAN B- FAMILY RESOURCE SERVICES

**Important!** Complete this section, indicating how much each sponsor will provide and when the payment will be made. It is your responsibility to contact FRS representative prior to completing application. **If you have a FRS Co-Pay it must be paid prior to the camping season!**

Billing to FRS will be completed after attendance at camp. Be aware of the amount for camp that we will be charging against your account!

NAME OF AGENCY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

AMOUNT TO BE PAID BY Agency \$ \_\_\_\_\_ PAYMENT DATE: \_\_\_\_\_

If the sponsor listed below is only paying part of the camp fee, indicate who is paying the balance:

NAME OF SPONSOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

AMOUNT TO BE PAID BY SPONSOR \$ \_\_\_\_\_ PAYMENT DATE: \_\_\_\_\_

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**PAYMENT PLAN C- IO and MEDICAID WAIVERS**

**Residential camping program** – Billing will run from Sunday 5:00 p.m. until Friday 3:00 p.m. for the camp week

**I/O Waivers - will be billed at our standard ratio of 1:3. HPC will be billed at \$1.84 for 316 units totaling \$574.08. OSOC will be billed at \$1.01 for 160 units or 161.60**

Total cost per week per person is \$743.04\* \*

\*Level One - The ADL rate will be \$185.76 per day for four days and the weekend rate will be \$336.80

**Weekend Camps** – billing would be based on a 1:2 ratio for HPC units, to begin on Friday at 5:00 pm. – 12 noon on Sunday, 108 HPC units @1:2 ratio, \$2.52 per unit, 64 OSOC Units @ 1:3 ratio, \$1.01 per unit, totaling \$336.80 for the weekend.

SASS Name, Phone and e mail:

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Please contact the Camp Courageous, Inc. offices  
to verify that the paperwork and information is complete and accurate.

[camping@campcourageous.com](mailto:camping@campcourageous.com) or call 419 875-6828

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**\*\* Please note: Campers may require changes in ratios due to personal limitations (e.g. use of wheelchair) Adjustments to the ratios will be made accordingly, and the price of camp will need to reflect those adjustments. Please keep this in mind.**

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**SIGNATURE of PERSON COMPLETING FORMS**