

Camp Notre Dame 2025 Overnight Camp Application

Print and complete this form. Mail with **\$200** deposit per camper to:

CAMP NOTRE DAME
PO BOX 74
FAIRVIEW, PA 16415-0074

You will receive an email confirmation and health form upon receipt of this registration form and deposit.

Camper Information:

Camper's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Male: _____ Female: _____

Date of Birth: ____ / ____ / ____

Age on Arrival: _____ Grade Completed: _____

Parent Name(s): _____

Phone Number: (____) _____

Email (required): _____

To register additional campers, please complete, print, and mail a separate form for each camper.

Overnight Camp Sessions:

Please select your preferred session(s):

*Sessions begin on Sundays, all weeks open to 7-14 yr. olds

WEEK 1: JUNE 22 - 27

Older Camper (15-16 yr old)

WEEK 2: JUNE 29 - THURS. JULY 3**

C.I.T. (17 yr old)

WEEK 3: JULY 6 - 11

C.I.T. (17 yr old)

WEEK 4: JULY 13 - 18

WEEK 5: JULY 20 - 25

Older Camper (15-16 yr old)

WEEK 6: JULY 27 - AUGUST 1

WEEK 7: AUGUST 3 - 8

Cabin Assignments:

We will try to honor requests to bunk with friends.

Please write **two (2)** friends per cabin:

Friend Name: _____

Friend Name: _____

Our Summer Director assigns cabins based on each camper's age. If you would like your camper to be bunked with a friend or relative who is slightly older or younger, we may be able to accommodate your request.

For the Record:

Child is a ____ first-time or ____ returning camper

How did you hear about Camp Notre Dame?

Camper Rates:

\$395 first camper, first week

\$320 additional camper in immediate family

\$320 additional week per camper

\$215 C.I.T. (covers entire cost)

\$315 discounted rate for Week 2**

For Office Use Only:

Date Received: _____

Number of weeks attending: _____

Confirmed: _____

Total Fee: _____

Deposit: _____ Date: _____

Check Number: _____

Balance Due: _____ Date: _____

Check Number: _____