

Tilden Summer Camp Application

July 2 – 8, 2017

Boy's Name: _____ Date of Birth: _____

Parent e-mail(s) for communication: _____

Entering Grade: _____ School now attending: _____

Name of Parent(s)/Guardian(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Parent Cell Phone: _____

The following hobby classes are offered this summer. Please number your first two preferences, with "1" being your first choice.

- Scale Models Drawing Moviemaking Self-Defense
 Biology Lab (Bugs, Bacteria, and DNA)

I, the (parent, guardian) of the boy named above, hereby delegate authority to the Director of the Tilden Summer Camp to arrange whatever medical treatment he deems necessary during his stay at the camp. I also authorize the use of photographs that may be taken of my son during the camp for future promotional activities of the Tilden Summer Camp.

Signature of parent: _____ Date: _____

Please indicate any allergies or other health factors that should be known by the staff:

Mail application with fee of \$425 (\$640 for two campers who are brothers) to:

Tilden Summer Camp
655 Levering Ave.
Los Angeles, CA 90024

To pay by credit card (or installments): <http://installmentpaymentplan.tildenstudycenter.us/>