

CHESAPEAKE ADVENTURES PROGRAM APPLICATION 2012

SCHOONER SULTANA TRIPS - KAYAK & CAMPING TRIPS - CANOE CAMP

Please complete and return with deposit to: Sultana Projects, Inc. / P.O. Box 524 / Chestertown, Maryland 21620

I. APPLICANT INFORMATION

Applications will be accepted on a rolling basis until all trip spaces are filled. You can expect to receive notification of your application status within one week of submission.

Applicant's Name _____ Date of Birth _____ Age _____ Gender _____

Name(s) of Parents or Guardians _____

Street Address _____

City _____ State _____ Zip Code _____

Guardian #1: Day Phone _____ Evening Phone _____ Cell Phone _____

Guardian #2: Day Phone _____ Evening Phone _____ Cell Phone _____

Email Address _____

Name of School Attended by Applicant _____ Grade Level _____

Is the Applicant Eligible for the "Partner School Discount Program?" Yes No (see information on opposite page)

Applicant's T-Shirt Size (check one): Youth Sizes XS S M L XL or Adult Sizes S M L XL

Has the Applicant Previously Participated in a Sultana Projects' Chesapeake Adventures Program? Yes No

If "Yes," to Above, Which Program(s) Has He/She Participated in? Sultana Trip Kayak Trip Canoe Camp

2. TRIP INFORMATION

Please mark next to the trip(s) you would like to attend. In the event that your first choice trip date is full, please select any suitable alternate trip dates. Sultana Projects will contact you to confirm alternate trip dates before processing your deposit.

SULTANA TRIPS (\$750 per student)

First Choice	Alternate Choice(s)	Trip Dates
<input type="radio"/>	<input type="radio"/>	July 2-6
<input type="radio"/>	<input type="radio"/>	July 9-13
<input type="radio"/>	<input type="radio"/>	July 16-20
<input type="radio"/>	<input type="radio"/>	July 23-27

KAYAK TRIPS (\$450 per student)

First Choice	Alternate Choice(s)	Trip Dates
<input type="radio"/>	<input type="radio"/>	June 18-22
<input type="radio"/>	<input type="radio"/>	July 2-6
<input type="radio"/>	<input type="radio"/>	July 16-20
<input type="radio"/>	<input type="radio"/>	July 30-Aug 3

CANOE CAMP (\$225 per student)

First Choice	Alternate Choice(s)	Trip Dates
<input type="radio"/>	<input type="radio"/>	June 25-28
<input type="radio"/>	<input type="radio"/>	July 9-12
<input type="radio"/>	<input type="radio"/>	July 23-26
<input type="radio"/>	<input type="radio"/>	Aug. 6-9

3. PHOTO RELEASE

To be signed by parent or guardian

Sultana Projects regularly posts photos of programs on its web site and includes them in newsletters and public relations materials. By signing below, you grant permission for Sultana Projects to use any pictures of the applicant for these non-profit purposes. Photos will not be made available to any outside organizations.

Signature of Parent or Guardian Date

4. MEDICAL INFORMATION

To be signed by parent/guardian

I understand that all successful applicants will be required to submit a Medical Information Form as well as a Physical Exam to be completed by a physician, physician assistant or nurse practitioner. Copies of these forms will be mailed to accepted applicants and can also be found at www.sultanaprojects.org. **I understand that medical forms must be completed and returned to Sultana Projects no later than 10 days prior the trip or my trip space and deposit may be forfeited.**

Signature of Parent or Guardian Date

5. DEPOSIT & FINAL PAYMENT

A mandatory 50% deposit is due along with your application. Your deposit will only be processed if the trip date(s) you select is available. Deposits are non-refundable. **Your final balance is due 30 days prior to your trip.**

TUITION CALCULATOR

- a. Sultana Trip (\$750) _____ \$ _____
(please write in Partner School Tuition if applicable)
- b. Kayak Trip (\$450) _____ \$ _____
(please write in Partner School Tuition if applicable)
- c. Canoe Camp (\$225) _____ \$ _____
- d. Total Trip Cost (add lines a-c) _____ \$ _____
- e. Deposit Due (50% of line d above) _____ \$ _____
- f. Final Balance (subtract line e from d) _____ \$ _____

PAYMENT METHOD:

- Check Enclosed for \$ _____ (=line e. above), OR
- Please bill \$ _____ to my (check one)
- ____ VISA ____ MASTERCARD ____ DISCOVER

Account Number

Expiration Date / Security-Code

Signature of Card Holder Date

DO YOU HAVE QUESTIONS ABOUT THIS APPLICATION?

If so, please contact the Sultana Projects office at 410-778-5954, Monday through Friday from 9:00am to 5:00pm.