



Susan & Larry Hooks
P.O. Box 299
Mentone, AL 35984

REGISTER NOW TO HOLD A SPACE!
Spring: April 28-29, 2012
Fall: Sept. 8 - 9, 2012
1-800-882-0722 Fax: (256) 634-3601

We are pleased to offer the opportunity for you to enjoy

MOTHER/DAUGHTER WEEKEND at RIVERVIEW CAMP FOR GIRLS

What is it all about? This weekend will be an opportunity for you and your daughter(s) to come enjoy camp activities together. If your daughter has attended camp before, you will both enjoy this "camping moment" together...if she has never camped before, you will both learn to love Riverview Camp for Girls. You can participate in canoeing, swimming, tennis, arts and crafts, archery, ropes course, riflery, riding and more. Of course, there will be time to hike, tour the campus, and just have fun relaxing together.

What do you pack? Sleeping bag, extra blanket, pillow, towels, wash cloths, soap, kleenex, small personal first aid kit, personal items, swimsuit, warm clothes for night, tennis racquet if you want to play, comfortable clothes and shoes. Please bring jeans and hard sole shoes with heel for riding. Moms may want to bring a foam "egg crate" for your bunk if you want extra comfort! Don't forget your camera...take memories home with you!

COST*: MOTHER & 1 DAUGHTER = \$ 295.00

ACTIVITIES BEGIN AT 10:00 AM. PLAN YOUR ARRIVAL ACCORDINGLY.

Each additional daughter = \$ 125.00

ENROLLMENT NUMBERS WILL BE LIMITED. It is possible to stay at Riverview Friday night also, though no supervised activities or evening meal will be planned. Plan arrival after 5:00p.m.

Riding (each person per ride) = \$ 30.00

(Limited riding spaces; first paid basis; must sign up and pay early to ensure availability.)

**Cost includes: 4 meals (Saturday lunch through Sunday lunch) plus 1 Photo Packet. Full Fee must accompany application to hold reservation.*

**REFUND POLICY: FEES ARE REFUNDABLE LESS \$50 UNTIL 2 WEEKS BEFORE WEEKEND;
NON-REFUNDABLE IF CANCELLATION OCCURS WITHIN 2 WEEKS OF WEEKEND.**

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone : (_____) _____

Work Phone: (_____) _____

Cell Phone: (_____) _____

E-mail address: _____

Registration Amount Due: \$ _____

Riding Fee \$30.00 each x _____ = \$ _____
(Limited availability, must sign up now to ensure a riding space)

Total Amount Enclosed: \$ _____

**APPLICATION MAY BE FAXED TO 256-634-3601 WITH VISA,
MC, AMEX, OR DISCOVER PAYMENT INFORMATION
TO RESERVE SPACE.**

Method of Payment:

Amt.\$ _____ **Ck #** _____

Charge : _____ AmExp _____ Visa _____ MC _____ Discover Card _____

_____ / _____
Card Number _____ **Exp. Date** _____

3 or 4 digit Security Code (call if you have questions): _____

Subscriber Name: _____

Card Billing Address: _____ **Zip:** _____

Weekend Attending **April 28 & 29, 2012** **Sept. 8 & 9, 2012**

Total Number Attending: _____

We plan to arrive * **Friday Evening by:** _____ p.m.
or **Saturday Morning by 10:00 AM**

PLEASE CALL IF YOUR ARRIVAL TIME PLANS CHANGE

*It is possible to stay at Riverview Friday night also, though no supervised activities or evening meal will be planned. Plan arrival between 6:00 and 8:00 p.m. Central Time.

Mother's Name: _____ **T-Shirt Size** _____

Daughter's Name: _____ **Age:** _____

Additional Daughter: _____ **Age:** _____

Additional Daughter: _____ **Age:** _____

Additional Daughter: _____ **Age:** _____

Will this be your first time to camp on this campus? _____

Has your daughter attended camp here? _____

If Yes, When? _____

Is she enrolled for summer camp? _____ **What Session:** _____

Have you attended Riverview's "Mother-Daughter Weekend"
Before? _____ **If so When?** _____

CABIN MATE REQUEST: _____

I am enclosing the necessary payment for Mother-Daughter Weekend. I understand and am aware that my child(ren) and I will be participating daily in many physical activities and that the potential for accidents does exist and that I indemnify and save harmless Riverview Camp, Inc., Nature's Classroom Atop Lookout Mountain, Inc., and property owners and staff from and against every claim, demand, liability, loss, damage, cost, charge, attorney's fee, expense, suit, order, judgment and adjudication whatsoever incurred hereafter by Riverview Camp, Inc., Nature's Classroom, Inc., and property owners growing out of or related to this agreement or the use of the facilities hereby furnished to us. I understand that I am responsible for any medical attention or expenses that my child or I may need. In the event that I cannot be reached in an emergency, or am unable to make indication of my medical preferences, I hereby give permission to the physicians selected by the Camp Directors or Staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me or my child(ren).

Signed: _____ **Date:** _____

In the event of an emergency, please contact: _____ **Phone :** _____ **Cell Phone:** _____