



2021 CO-OP CAMP REGISTRATION

July 17-24

Family Name: _____

() _____ () _____
PHONE/DAY PHONE/EVE

EMAIL _____

STREET _____

CITY _____ STATE _____ ZIP _____



Co-op Camp Weekly Fee Schedule

Includes meals and lodging

Check One:	Codes	Accommodations	Adults 18 & older	Student w/ID	Youth 11-17	Kids 5-10	Kids Under 5
<input type="checkbox"/>	CP	Camping	598/548*	450	498/448*	334	n/a
<input type="checkbox"/>	DM	Dorm	668/618*	493	598/548*	n/a	n/a
<input type="checkbox"/>	CN	Cabin No Rstrm	703/653*	n/a	603/553*	415	n/a
<input type="checkbox"/>	CW	Cabin w/Rstrm	733/683*	n/a	633/583*	420	n/a
<input type="checkbox"/>	LD	Lodge	748/698*	525	648/598*	430	n/a
<input type="checkbox"/>	DP	Duplex (min. 7)	783/733*	n/a	683/633*	450	n/a

*Rate with Member Discount applied. Members contribute 5 hours for Camp administration and activities.



Per Diem Fees/Day Use Fees

Per Diem rates include meals and lodging. Please select lodging type below. Day Use Fees include conference and activities only and are \$30 a day per person. Please circle days you plan to attend:

17 18 19 20 21 22 23
Sa Su M Tu W Th F

	Codes	Accommodations	Adults 18 & older	Student w/ID	Youth 11-17	Kids 5-10	Kids Under 5
<input type="checkbox"/>	PDC	Camping	113/103*	83	93/83*	62	n/a
<input type="checkbox"/>	PDL	Lodging	144/134*	99	124/114*	80	n/a

*Rate with Member Discount applied. Members contribute 5 hours for Camp administration and activities.



Campership Fund

Co-op Camp brings together a diverse community of people to learn from and share with one another. Please help bring families who might not otherwise be able to afford camp by donating \$5 or more to the Co-op Camp Campership Fund with your registration.

Special Needs:

If anyone in your family has special needs or considerations, please make a note here explaining the situation.

If your family has a preferred unit, or is willing to share accommodations with another family, note it here. We assign rooms on a first-come, first-served basis.

Names appear on camp roster as listed here. We accept no applications for anyone under 18 unless accompanied by an adult sponsor — name and address to be on this form.

Full Name	Date of Birth	Food Needs: Vegetarian, vegan, gluten-free, lactose intolerant, other	Weekly Base Fee (See A)	Day Fees (See B)	Per Diem Fees (See B)	Camp- ership Fund (See C)	Total Fees	Final Camper Cost

Deposit/payment includes a non-refundable fee of \$50 per person. To reserve your space, to get a work assignment, or if you have any questions, call (510) 595-0873 or email coopcamp@sbcglobal.net.

Family Total _____

Deposit Enclosed _____

Balance Due _____

MAIL COMPLETED
APPLICATION
WITH CHECK TO:

Co-op Camp
1442-A Walnut

PMB 415
Berkeley, CA 94709

CHECK HERE IF YOU CHOOSE
TO PAY ONLINE AT
WWW.COOPCAMP.COM

