

CHESAPEAKE ADVENTURES

SCHOONER SULTANA & KAYAKING ADVENTURES PROGRAM APPLICATION 2011

PLEASE COMPLETE, DETACH AND RETURN WITH PROGRAM DEPOSIT TO:

SULTANA PROJECTS, INC. / P.O. Box 524 / CHESTERTOWN, MARYLAND 21620 / VIA FAX: 410-778-4531 (PLEASE CALL TO CONFIRM RECEIPT)

1. APPLICANT INFORMATION (*applicants must be ages 11 to 14*)

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 _____

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

How did you learn about SULTANA & Chesapeake Adventures?

Please tell us about any camping or boating experience you may have.

Do you have any special needs or dietary limitations that would affect your ability to participate in the trip (attach separate letter if necessary)?

2. TRIP SELECTION

In the columns below please check the date(s) of the trip(s) you would like to attend. You may select both a Sultana Trip and a Kayak Trip. In the event that your first choice trip date is full, please select any suitable alternate trip dates. Please note, Sultana Projects will contact you to confirm alternate trip dates before processing your deposit.

SULTANA TRIPS

Trip Tuition is \$750 per participant.

First Choice	Alternate Choice(s)	Trip Dates
<input type="radio"/>	<input type="radio"/>	July 4 - 8
<input type="radio"/>	<input type="radio"/>	July 11 - 15
<input type="radio"/>	<input type="radio"/>	July 18 - 22
<input type="radio"/>	<input type="radio"/>	July 25 - 29

KAYAKING TRIPS

Trip Tuition is \$450 per participant.

First Choice	Alternate Choice(s)	Trip Dates
<input type="radio"/>	<input type="radio"/>	June 20 - 24
<input type="radio"/>	<input type="radio"/>	July 4 - 8
<input type="radio"/>	<input type="radio"/>	July 18 - 22
<input type="radio"/>	<input type="radio"/>	Aug. 1 - 5
<input type="radio"/>	<input type="radio"/>	Aug. 15 - 19

3. FINANCIAL AID

Sultana Projects is able to offer limited financial aid to qualifying applicants. Please contact the Sultana Projects office at 410-778-5954 for more information about financial aid.

4. BRING A FRIEND DISCOUNT

Applicants who apply jointly with a friend for kayaking trips will receive a \$50 discount on tuition. Please list the name of the friend you are applying with in part "7" to the right.

5. PHOTO RELEASE

To be signed by parent or guardian

Sultana Projects regularly posts photos of its 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

6. 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.

Signature of Parent or Guardian

Date

7. 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 tuition) \$ _____

b. Kayaking Trip (\$450 tuition) \$ _____

c. \$50 Bring a Friend Discount (kayak trips only) \$(_____)

name of friend _____

d. Total Trip Cost (add lines a, b & c)) \$ _____

e. Deposit Due (50% of line d above) \$ _____

f. Final Balance (subtract line e from d) \$ _____

PAYMENT METHOD

Check Enclosed for \$ _____ (= line D above) or

Please bill \$ _____ to my (check one)

___ VISA ___ MASTERCARD ___ DISCOVER

Account Number

Expiration Date

/ _____
V-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.

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