



*Procedure to participate to the
SUMMER CAMP PROGRAM*

Gilles Benard
Chairman
Summer Camp Program

12/9/15

Purpose

The purpose of this program is to provide a vacation at a summer camp for the intellectually and developmentally disabled who otherwise could not afford the cost on their own. Funds are to be utilized in your region only.

Limitation

In order to help as many special friends as possible, this is a one-time, per person opportunity.

Each region has a yearly maximum of \$1,000, regardless the number of campers.

All refunds from the camp for campers not attending will be paid back directly and check made out to the Order of Alhambra and sent to the Secretariat immediately. Money is to be exchanged directly from camp to headquarters only. Any camper who does not attend the camp, (unless hospitalized) will not be eligible for any other funds. It is the immediate responsibility of the Parent or Responsible Party to advise the Order directly if the camper has to cancel. They must call 800-478-2946 or 410-242-0660.

The Executive Committee maintains the right to make changes on an as needed basis.

Procedure

The "Application to the Summer Camp Program" form has to be completed in full, a parent or a person responsible for the applicant who can verify applicant's funds must sign the application. The application is then proposed and signed by a Grand Commander and sent to their Supreme Director. It is the responsibility of the Supreme Director to contact the camp to verify the camper's date of attendance, cost and sign the form. The original application is to be mailed to the Secretariat. Upon receipt, the Secretariat will verify if the application meets the requirements of the program and will forward it to the Summer Camp Program Committee for final approval.

The Summer Camp Program Committee will review the application within ten (10) business days. These applications will be reviewed for accuracy and verified with the Supreme Chamberlain to see if sufficient funds are available to grant the request. If funds are available, approved applications will be forwarded to the Secretariat for prompt payment. All checks will be made out and mailed directly to the Summer Camp, reflecting the applicant's name. A letter will be e-mailed to the Supreme Director stating the approval or disapproval, (along with reason of refusal), of the applicant. In turn, the Supreme Director will then contact the Grand Commander and the applicant with the Committee's decision.

Liability

Transportation is solely the responsibility of the applicant.

The Order of Alhambra, Members, Supreme Director or Committee Members will not be held liable for any incident, accident, injury or damage of the applicant, their family or camp. The Order's Mission is to be strictly monetarily only. No applicant will carry any insurance from the Order of Alhambra.



APPLICATION FOR THE SUMMER CAMP PROGRAM

Date: _____

Name of applicant: _____ Phone: _____

Address: _____

City/State/Province/Zip Code: _____

The total amount requesting for camp: _____

Starting and Ending date the applicant is requesting to attend: _____

PARENT/PERSON RESPONSIBLE FOR THE APPLICANT:

Name: _____ Relationship ()Parent ()other _____

Address if different from above: _____

Telephone (day): _____ Telephone (night): _____

Cell phone: _____ Fax number: _____

Email: _____

City/State/Province/Zip Code: _____

As the person responsible for the applicant, I declare this applicant does not have the funding to pay for Summer Camp.

Signature: _____

By signing this form, it is understood that The Order of Alhambra, its Members, Caravan, Supreme Director, Committee Members or Secretariat will not be held liable for any accident, injury or damage of the applicant, their family or camp. The Order's Mission is to be strictly monetarily only. No applicant will carry any insurance from the Order of Alhambra.



SUMMER CAMP INFORMATION

Name of the Camp: _____

Contact Person: _____ Phone: _____

Address: _____

City/State/Province/Zip Code: _____

Cell phone: _____ Fax number: _____

Email: _____

SUBMITTED BY

Grand Commander's Name: _____

Caravan Name/ No.: _____ Phone: _____

Signature of Grand Commander: _____

Date: _____

To be filled out by the Supreme Director:

Verification date(s) of camper's stay: _____

Verification of the total cost from the camp and list the contact person:

Contact name: _____ Cost \$ _____

REVIEWED AND VERIFIED BY

Supreme Director (print): _____

Region: _____ Signature of Supreme Director: _____



Office use only

Date approved: _____ Date rejected: _____

Reason for Rejection: _____

Check number paid: _____ Amount: \$ _____ Date: _____

REFUND

Date of cancelation per camp: _____

Refund received: _____ Check number: _____ Amount: _____

Reason: _____

Additional Comments: _____

