

2024 HIGH PEAKS CAMP APPLICATION

TO ALL 2024 HIGH PEAKS CAMP APPLICANTS:

Age of Campers at High Peaks Camp: 12 – 15 Years Old

2024 Dates of High Peaks Camp: Friday, June 14 - Friday, June 28

2024 Tuition for High Peaks Camp: \$2,500

Mail your completed application to: ATIS - High Peaks Camp

P.O. Box 565

Keene Valley, NY 12943

Application Deadline: The initial deadline for applications is December 1, 2023.

Selection Criteria: After December 1, 2023 campers will be selected for

camp using the following criteria:

1. Campers enrolled from 2023 camp.

2. Applicants who were on the 2023 waiting list.

 New applicants (If there are more applicants than spaces after campers from the two categories above are selected, new applicants will be picked by random draw. The draw will also determine

one's position on the waiting list.)

4. Third year campers.

Tuition Due: April 1, 2024

We will notify all applicants of their status as soon as possible after December 1, 2023. If camp is full, subsequent applications received will be added to the waiting list in the order in which they are received.

Submission of an application is considered a good faith intention to attend the camp and we do not require a deposit. Once accepted, please advise us as soon as possible if your plans have changed so that we can notify people on the waiting list.

Please note that ATIS is committed to diversity, equity, and inclusion and works to make its programs accessible to all. If the cost of High Peaks Camp is not within your family's budget, please indicate so by checking this box:

Nour confidentiality will be ensured. If your child is selected for camp via the criteria outlined above, Ben Runyon will contact you to discuss tuition assistance.

If you have any questions, please contact Ben Runyon or Sam Hoar:

Ben Runyon, Executive Director 518-946-7322 / atis@atistrail.org

Sam Hoar, Junior Program Director sam@atistrail.org

HIGH PEAKS CAMP - APPLICANT INFORMATION

Camper's Full Name:	
Camper's Preferred Name:	
Camper's Gender:	
Camper's Date of Birth:	
Camper's Age as of June 14, 2024:	
Grade/Year presently in school:	
Parent/Guardian 1 Name:	
Phone:	
Email:	
□ Check to have email communications regarding your application se	nt nere.
Address: Street:	
City, State, Zip:	
Parent/Guardian 2 Name:	
Phone:	_
Email:	
 Check to have email communications regarding your application sea 	nt here.
Address: □ Check here if Parent/Guardian 2 address is the same as Parent/Guard	ian 1.

	Street:
	City, State, Zip:
	e any disabilities or restrictions? Pes No lease include any psychological evaluations or medications regularly taken.
Please describe the App	plicant's extra-curricular interests and hobbies:
FIRST TIME APPLICANT	TS ONLY
How, or from whom, di	d you learn about High Peaks Camp?
Please provide 2 refere character, abilities, and	nces; these should be adults who know the Applicant well and can speak to their interests.
Reference 1 Name:	
Relationship to	Your Child:
	Your Child:
Phone: Reference 1 Name:	Your Child: Email:

Signature:	Date: