# 2027 HIGH PEAKS CAMP APPLICATION

***TO ALL 2027 HIGH PEAKS CAMP APPLICANTS:***

Age of Campers at High Peaks Camp: 12 – 15 Years Old
*(Note: To be eligible for High Peaks Camp, applicant must be 12 years old by July 2, 2027)*

2027 Dates of High Peaks Camp: Friday, June 18 - Friday, July 2

2027 Tuition for High Peaks Camp: $2,600

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, 2026.

Selection Criteria: After December 1, 2026 campers will be selected for camp using the following criteria:

1. Campers enrolled from 2026 camp.
2. Applicants who were on the 2026 waiting list.
3. 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, 2027

We will notify all applicants of their status as soon as possible after December 1, 2026. 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 welcoming and celebrating all of our participants for who they are and creating a group culture that respects the background, beliefs and identity of all its members. ATIS does not tolerate discriminatory behavior from its participants or staff and we are dedicated to making all of our camps and programs inclusive spaces.

As part of this, we aim to make our programs financially accessible for all potential participants. If the cost of High Peaks Camp is not within your family's budget, please feel free to reach out directly to Zack (atis@atistrail.org) or place a checkmark on the following line ___

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

If you have any questions, please contact Zack Floss:

Zack Floss, Executive Director
585-802-0671 | atis@atistrail.org

# HIGH PEAKS CAMP - APPLICANT INFORMATION

**Camper's Full Name:** _____

Camper's Preferred Name: _____

Camper's Gender: ☐ Male ☐ Female ☐ Prefer Not to Say

Camper's Date of Birth: _____/_____/_____

Camper's Age as of July 2, 2027: _____

Grade/Year presently in school: _____

**Parent/Guardian 1 Name:** _____

Phone: _____

Email: _____

☐ *Check to have email communications regarding your application sent here.*

Address: Street: _____

City, State, Zip:_____

**Parent/Guardian 2 Name:** _____

Phone: _____

Email: _____

☐ *Check to have email communications regarding your application sent here.*

Address: ☐ Check here if Parent/Guardian 2 address is the same as Parent/Guardian 1.

Street: _____

City, State, Zip: _____

Does the Applicant have any disabilities or restrictions? ☐ Yes ☐ No

*If yes, please explain. Please include any psychological evaluations or medications regularly taken.*

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_____

Please describe the Applicant's extra-curricular interests and hobbies:

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_____

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***FIRST TIME APPLICANTS ONLY***

How, or from whom, did you learn about High Peaks Camp?

_____

_____

_____

Please provide 2 references; these should be adults who know the Applicant well and can speak to their character, abilities, and interests.

**Reference 1 Name:** _____

Relationship to Your Child: _____

Phone: _____ Email: _____

**Reference 1 Name:** _____

Relationship to Your Child: _____

Phone: _____ Email:_____

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***Parent/Guardian financially responsible for this Applicant:***

*Signature:* _____ *Date:* _____