



CITY OF SACRAMENTO, ACCESS LEISURE  
5699 S. LAND PARK DRIVE, SACRAMENTO, CA 95822



**CAMP NEJ**

**JULY 23 - JULY 30, 2022**

**(SATURDAY-SATURDAY) \$650.00**

**2022 Camp fee will be covered by full scholarship**

Open to youth and young adults with physical disabilities  
**\*\*FEES INCLUDE CAMP COSTS, ACTIVITIES, MEALS,  
TRANSPORTATION AND STAFFING**

On-Line Registration Activity #19686

**Camp NEJ 2022**

NAME \_\_\_\_\_ AGE AT TIME OF CAMP \_\_\_\_\_

PREFERRED PRONOUNS \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail \_\_\_\_\_

Camper's Disability, Support Needs, and Keys to Success (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact and Number \_\_\_\_\_ Phone # \_\_\_\_\_

Liability Release: I agree to hold the City of Sacramento, their directors, employees, and committeemen harmless of any nature whatsoever for accident or injury to participants/myself arising out of or in any way connected with participation in city programs. I agree to give my consent to any medical treatment deemed necessary by a doctor.

SIGNATURE OF CAMPER \_\_\_\_\_ DATE \_\_\_\_\_  
If 18 years of age

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

Please fill out and return the application form to be reviewed by Program Coordinator.  
Application does not guarantee acceptance to camp. All accepted applicants will be notified.  
**Email completed forms to Jenny, [jyarrow@cityofsacramento.org](mailto:jyarrow@cityofsacramento.org) or mail your application to:**  
**Attn: JENNY YARROW, Access Leisure**  
**Belle Cooledge Community Center**  
**5699 S Land Park Dr, Sacramento, CA 95822**

**Camp Fee Information \$650.00**  
**Activity #19686**

**Private Pay** – Payment due upon submission of registration packet. Payment may be made by check, money order or Visa or Master Card. Please contact Jenny Yarrow for more information on scholarships and or financial assistance.

I will be paying by:

- Check \_\_\_\_\_
- Money Order \_\_\_\_\_
- Credit Card \_\_\_\_\_
- Payment Plan \_\_\_\_\_

**FOR OFFICE USE ONLY – PAYMENT INFORMATION**

**1. Check or Money order:**

---

Payment Received	Check or Money Order Number	Amount Paid
------------------	-----------------------------	-------------

---

**2. Payment Plan:**

- **A \$50.00 non- refundable deposit is due by June 20, 2022 after your acceptance to camp has been received.**
  - **The balance of \$600 is due prior to the start date of Camp July 23, 2022.**
  - **Please note that you will be removed from camp roster if full payment is not received by June 20, 2022.**
- 

**3. Credit Card: Full Payment only of \$600.00**

---

Credit Card #	Expiration Date mm/yy
---------------	-----------------------

---

Name as it appears on Credit Card	Signature of Card Holder
-----------------------------------	--------------------------