**DEAFBLIND CAMP OF MARYLAND 2019**

**THEME: DEAFBLIND RENAISSANCE**

**WHEN: JUNE 9 – 14, 2019**

**WHERE: WEST RIVER, MD**

**CAMP FEE: $350.00**

Many people want to come to DeafBlind Camp of Maryland. If you want to attend camp in 2019, complete the attached application sheet and send the application sheet and a deposit of $50.00 to be placed on the list to attend camp.

Camp registration is on a first come, first served basis so once there are 40 camper slots filled, additional registrations will be placed on a ‘wait list.’ Send in both the attached registration sheet and your $50.00 deposit as soon as possible so you don’t miss out!

The attached registration sheet will be available online after January 1, 2019, if you want to register online and the $50.00 deposit can be paid online through Paypal.

You will be notified by letter after January 15, 2019, if you are on the list to attend camp or if you are on the waitlist. If you are told you are on the list to attend camp, you will receive more camp information including paperwork to complete. Your completed paperwork and your balance of $300.00 will be due by April 10, 2019. Camp will accept final paperwork and the balance payment of $300.00 through the mail or online. No refunds for the $50.00 deposit will be given if you cancel after March 10, 2019.

Please make your check or money order payable to **DeafBlind Camp of MD, Inc.** Mail the attached information sheet and payment to:

DeafBlind Camp of Maryland

c/o Deaf Church Christ

1040 S. Beechfield Avenue

Baltimore, MD 21229

**DeafBlind Camp of Maryland 2019**

 **Application Sheet**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Name First Name Middle Initial**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Name Apt #**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City State Zip Code**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Voice \_\_\_ TTY \_\_\_ VP \_\_\_**

**Home phone**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Voice \_\_\_ TTY \_\_\_ VP \_\_\_**

**Work phone**

**Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note: This sheet must be sent to camp with your $50.00 deposit to be put on the list to come to camp. Application questions should be sent to registration@dbcmd.org**