



CAMP NEOFA

Northeast Odd Fellows' Association Of the Independent Order of Odd Fellows



Member Jurisdictions: CONNECTICUT, MAINE, ATLANTIC PROVINCES, MASSACHUSETTS, NEW HAMPSHIRE, QUEBEC, RHODE ISLAND, and VERMONT

MILITARY CAMPER APPLICATION 2025 Ages 8 - 14

All questions MUST be answered and the application signed. PLEASE TYPE OR PRINT.

Name _____ Age _____ DOB _____ School Grade _____
(Last) (First) (Initial)

Address _____
(Street Number and Name) (Apt. Number)

Telephone # _____
(City/Town) (State/Province) (Zip/Postal Code)

Parent/Guardian _____ Telephone # _____

Parent/Guardian Email _____

Name/Address of Lodge
or Individual Paying Fee _____

Are you a member of this organization _____ Yes _____ No

Name of Person in the Military _____ Relationship _____

(Relationship must be immediate family to receive discounted rate)

Contact Person _____ Telephone # _____

Address _____

RESERVATIONS

A CAMPING WEEK begins SUNDAY AT NOON, after lunch – ends SATURDAY AT NOON

A fee of \$10 per day for early drop off, late pick up, or date change

CAMP NEOFA is open for four (4) weeks

CHECK THE WEEK(S) THE CAMPER WISHES TO ATTEND

FOR 8 – 14 YEAR OLDS

1st () June 29-July 5

2nd () July 6-12

3rd () July 13-19

4th () July 20-26

Special Offer for 2024-25 **7-year-olds** can attend camp the **1st or 2nd week.**

CAMP NEOFA RESERVES THE RIGHT TO REFUSE ANY CHILD WHOSE MEDICAL/BEHAVIORIAL NEEDS CANNOT BE MET

CAMPER FEE FOR WEEKLY SESSIONS IS \$275.00

A transferable but Non-refundable deposit of \$50.00 must accompany application along with a copy of Military Certificate or Service ID Card.

INDIVIDUAL CAMPER FEES MUST BE PAID BY BANK CHECK or MONEY ORDER

(Please complete 2nd page)

HEALTH INFORMATION

Home Physician _____ Telephone # _____

Physician's Address _____

Name of Insurance Company: _____

Camper's Insurance/Medicare Number: _____

This information must be filled out in addition to the Health Form that must be filled out by Physician prior to coming to camp.

IN THE EVENT OF ACCIDENT OR ILLNESS, INDIVIDUAL'S INSURANCE WILL TAKE PRIORITY OVER CAMP NEOFA'S INSURANCE

Camp NEOFA and/or Northeast Odd Fellows' Association are not responsible for any non-camp related medical expenses

X _____
(Parent/Guardian Signature)

PLEASE INCLUDE A COPY OF CAMPER'S MEDICAL CARD WITH APPLICATION

PARENT / GUARDIAN CONSENT

My permission is granted herewith for the attendance of my () Son, () Daughter, () Ward, at Camp NEOFA, Montville, Maine. Should any accident or illness befall them, I understand that proper medical attention will be given and if further participation at Camp NEOFA is restricted by the Attending Physician, I am willing that he/she be returned home at my expense. Should he/she be unwilling to cooperate and become irresponsible and/or disruptive, I authorize that he/she be returned home before the session is concluded, at my expense.

IN THE EVENT OF AN EMERGENCY, IF YOU ARE NOT AVAILABLE, PLEASE NOTIFY:

Name _____ Relationship: _____

Address _____

Day Time Phone: _____ Evening/Night Time Phone: _____

Signed Parent/Guardian _____ Date _____

Signed Emergency Contact _____ Date _____

Send completed application, deposit (\$50) or registration (\$275), copy of camper's medical card and copy of family members Military Card to:

BEFORE JUNE 15:
Verna Jones
Camp NEOFA
11 Fred Brigham Rd.
Phippsburg, ME 04562-4210

AFTER JUNE 15:
Camp NEOFA
Application
PO Box 101
Liberty, ME 04949-0101
