



Camp Dogwood for the Blind & Visually Impaired
P.O. Box 39
Sherrills Ford, NC 28673
828-478-2135
www.NCLionsCampDogwood.org

2025 Camper Application Packet

Please return the application and non-refundable deposit before May 9th, 2025. Applications will not be processed without a deposit or guarantee to pay from a Lions Club. Please enclose a color picture with only yourself for identification

Camper Name: _____

Mailing Address: _____

City/State/Zip: _____ **County** _____

Phone #'s (cell, home, work) _____

E-mail: _____

Gender: _____ **Age:** _____ **Birthdate:** _____

Social Worker: _____

Contact Phone: _____

Emergency Contact

In case of an emergency, the emergency contact is required to pick up their camper within the drive time, plus one additional hour (i.e., you live 2 hours away, you are allotted 3 hours for your commute).

Name: _____

Address:

City/State/Zip: _____

Phone #'s (cell, home, work) _____

Relationship to camper: _____

Personal Care Skills

Yes **Are you able to independently take care of your daily needs such as eating, bathing, dressing, and toileting?**
No

Yes **Are you able to independently make all of your medical care decisions?**
No

Yes **With orientation, are you able to get yourself out of a building should a fire alarm sound in that building?**
No

Yes **Are you able to administer your own medication including glucose testing?**
No

If you have selected "NO" to any of the above questions, you are required to bring a caregiver to camp to assist you. Please provide your caregivers name and phone number below, if applicable. Contact the Camp Dogwood office for more information.

Caregiver's Name _____

Phone
Number _____

Please Note: Applications that require caregivers will not be accepted if caregiver paperwork is not complete.

Session Information

Please Note: Summer Camp Session Dates are subject to change. You will be notified of any change that may affect you.

If participation is low for your selected session, you will be asked to move your reservation to another session.

MINORS MUST BE ACCOMPANIED BY AN ADULT OR ADULT CAMPER AT ALL TIMES.

Session 1	May 25th to May 29th
Session 2	June 1st to June 5th
Session 3	June 8th to June 12th
Session 4	June 22nd to June 26th
Session 5	June 29th to July 3rd
Session 6	July 6th to July 10th
Session 7	July 13th to July 17th

Please select your session preference:

1st Choice _____

2nd Choice _____

Lodging

Lodging selections only indicate your preference. Camp Dogwood CANNOT guarantee your selections.

- Yes **Do you have a roommate preference? *We cannot guarantee this request.***
- No

Name _____

Prices and Fees

Please Note: Each application must include a \$50.00 non-refundable deposit. This amount will be deducted from your total fees due.

Regular in-state Camper price:	\$225	Sighted companion price:	\$400
Sighted Caregiver price:	\$275	Privat Room price:	\$450
		Out-of-State price:	\$600

Campers are responsible for confirming their sponsorship and ensuring that fees are paid before May 10th, 2025.

Waiver of Responsibilities (Required)

Camper Name (please print):

When the North Carolina Lions Foundation. (NCLF) or its agent, Camp Dogwood, accepts this application for a camping term at Camp Dogwood, I, the undersigned do hereby release and discharge the North Carolina Lions Foundation. and any of its agents, affiliates, employees, and servants from any and all claims, liabilities, demands, or rights which I, or any of my friends, or relatives, may have against said organization or its agents, affiliates, employees, or servants on account of connecting with or growing out of any injury, accident, loss, or damage, or suffering, I or my immediate family may hereafter sustain while on the premises or property owned, leased, or used by the NCLF arising out of acceptance of this application for a camping experience, whether said property be known as Camp Dogwood, Lake Norman, or any other named designation or location.

Social Media Wavier

I further agree to release to Camp Dogwood all rights and privileges to photographs taken of me for use in Camp publicity that is in the proper interest of the Camp.

I have read, or caused to be read to me, the foregoing and do hereby acknowledge that I fully understand each part thereof. I have read, or caused to be read to me, the Camp Rules and Regulations and agree to abide by them.

My signature below certifies that I am legally competent and that I am able personally to care for my daily needs while at camp, or that I plan to have a caregiver accompany me to camp.

Signature of Applicant:

(Please have all marks "X" witnessed)

Signature of Witness (if applicable):

Office Use Only:

Signature: _____

Date: _____