

Lone Mountain Wilderness Camp

David & Ana Highley

4851 NC HWY 226 Bostic, NC 28018 828-248-2267 (CAMP)

lonemtnfarm@gmail.com (email)

lonemountainfarm.com (website)

Time: Two 2 week sessions: 1st session: May 31-June 11 2nd session: June 14-25

Age: ELEMENTARY AGE CHILDREN- Completed Kindergarten and prior to entering 6th grade.

Place: Lone Mountain Farm is 14 miles south of Morganton on Hwy 226. Owned and operated by former classroom teachers, we make learning about the great outdoors an adventure, in a safe and nurturing environment. Over 100 acres of rolling meadows, mountain trails, creeks, and a spring-fed pond- for hiking, exploring, and making memories to last a lifetime.

Activities: Farm Life, Native American Lore, Archery, Canoeing, Wagon Rides, Wilderness Skills, Sports/ Games, Crafts, Climbing Wall, Playground, Storytelling, Relay Races, Campfire Songs, Roasting Marshmallows, Mining and Panning for Gold, Adventure Hikes, Air Rifles and so much more!

Equipment: Bring: Water Bottle, towel, extra change of clothes and wading Shoes in Backpack.

Lunch & Snacks: Each child will also need to bring a Bag Lunch, Drink, and choice of Snacks.

Fees: Registration- \$50.00 (non-bus riders) or \$100.00 (for bus riders) must accompany the application.

Registration fees are non-refundable. The balance of \$375.00 due 7 days prior to beginning a session.

Positions are reserved upon receipt of an application with registration fee.

Transportation: The camp bus will pick up Burke County area children. The bus will run from Magnolia Plaza to Lone Mountain. Pick-up 8:30 a.m. Drop-off 3:30 p.m. Parents outside of Burke County can contact Lone Mountain for possible car pool information, as they must provide own transportation.

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*** (NOTE) Please clip and mail to above address

Application 2021

SESSION 1 _____ 2 _____ (check one) T-SHIRT SIZE (circle one) child S M L adult S M L XL

Camper's Name _____ Age _____ Sex _____ school attended _____ Grade _____

Parent's Name _____ Phone# _____

Address _____ City _____ Zip _____

Emergency contact _____ Phone# _____

Allergies and/or Physical/Medical Limitations _____

Medical Insurer _____ Policy# _____

RELEASE AND PERMISSION FORM: I give permission for my child to participate in all camp activities. I understand, accept and assume the inherent risk camp activities involve. **ALL CAMPERS ARE REQUIRED TO HAVE THEIR OWN MEDICAL INSURANCE COVERAGE AND CURRENT TETANUS VACCINATION.**

email address

Parent Signature