



## 2008 Camper Registration Form

Please use a separate form for each camper

Please fill out and mail to:

Registrar, Camp Howe •  
P.O. Box 326 • Goshen, MA 01032

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age in Sept. \_\_\_\_\_ M/F \_\_\_\_\_

Camper's Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Guardian's Email Address (Please Print) \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Guardian's Email Address (Please Print) \_\_\_\_\_

Other Numbers (Please list who's number it is) \_\_\_\_\_

Returning Camper: yes/no    Registered Member of 4-H Club: yes/no

If you would like your child to be placed with another camper please list their name here (one request per person, friend must be of same gender, same session and similar age).

T-Shirt Size: (please circle choice of size)    Youth M    Youth L/Adult S    Adult M  
    Adult L    Adult XL    Adult XXL

How did you learn about Camp Howe?    Friend    Alumni    Newspaper    Radio  
 (please circle all that apply)    Internet    Conference    Other \_\_\_\_\_

PROGRAM CHOICES	
<input type="checkbox"/> Day Camp	<input type="checkbox"/> Echo Resident
<input type="checkbox"/> Junior Resident	<input type="radio"/> Junior
<input type="checkbox"/> Teen Resident	<input type="radio"/> Teen
<input type="checkbox"/> CIT Program	<input type="radio"/> Helping Hand
<input type="radio"/> CIT One	<input type="checkbox"/> Echo Day
<input type="radio"/> CIT Two	<input type="radio"/> Junior
(having previously completed CIT One)	<input type="radio"/> Teen

CAMP SESSION FEES	
\$250	Junior Day Camp per week
\$395	Juniors per week (ages 7-12)
\$435	Teens per week (age 13-17)
\$830	Junior and Teen per 2 weeks
\$560	CIT per 2 weeks (ages 15-17)
\$595	ECHO Resident per week
\$395	ECHO Day camp per week
<b><i>\$50 discount for Session 1</i></b>	

**OVER**

### One Week Sessions

(Day Camp Sessions start on Mondays, i.e. June 30)

- 1<sup>st</sup> Session - June 29<sup>th</sup> – July 3<sup>rd</sup> (\$50 off)
- 2<sup>nd</sup> Session - July 6<sup>th</sup> - July 11<sup>th</sup>
- 3<sup>rd</sup> Session - July 13<sup>th</sup> - July 18<sup>th</sup>
- 4<sup>th</sup> Session - July 20<sup>th</sup> - July 25<sup>th</sup>
- 5<sup>th</sup> Session - July 27<sup>th</sup> - August 1<sup>st</sup>
- 6<sup>th</sup> Session - August 3<sup>rd</sup> - August 8<sup>th</sup>
- 7<sup>th</sup> Session - August 10<sup>th</sup> - August 15<sup>th</sup>

### Two Week Sessions

- Session - A. July 6<sup>th</sup> - July 18<sup>th</sup>\*
  - Session - B. July 20<sup>th</sup> - August 1<sup>st</sup>
  - Session - C. August 3<sup>rd</sup> - August 15<sup>th</sup>
- \* Helping hands will only be offered session A

### CIT Program

- Session - A. July 6<sup>th</sup> - July 18<sup>th</sup>
- Session - B. July 20<sup>th</sup> - August 1<sup>st</sup>

### THIS SECTION MUST BE READ THROUGH AND COMPLETED BY PARENT OR GUARDIAN OF CAMPER BEFORE REGISTRATION CAN BE ACCPETED.

Relating to the child to be registered, I hereby give permission to Camp Howe:

- To provide transportation to off-site program areas or for medical attention as deemed appropriate by the Camp Director.
- To designate a Camp Physician, in an emergency and I cannot be reached, who will secure proper treatment for, and/or order injections, hospitalization, anesthetics or surgery.
- To use images of my child, participating in Camp Program, for promotional purposes. These photos may be used by outside agencies, such as the American Camp Association, to illustrate and promote the camp experience, Camp Howe and its camp programs, and/or the American Camp Association.

I will give notice in writing to the Camp Director and Camp Nurse of any and all restrictions to be observed, relating to my child's participation in the Camp Program.

Camp Howe is a programmed event for those who enjoy camping. Rules for participation in the program are uniform for everyone regardless of race, color, national origin, gender or disability. It may be understood that all campers will be treated equally as individuals and respect shown for normal differences in tastes, preferences, abilities and behavioral patterns.

Camp Howe reserves the right to make the determination when or if it may be necessary to have a child withdrawn from the program and to withhold all fees should withdrawal be for purposes of maintaining the welfare or safety of the child or other program participants. Camp Howe has the right to send a camper home who displays a preexisting medical or behavior condition not disclosed prior to the start of camp and to conduct a search of personal belongings if there is reasonable suspicion that the participant has something in his/her possession that is prohibited (eg: drugs, alcohol, weapons) .

The Camp Howe policies concerning behavior modification, child abuse, and neglect procedures are available upon request.

I/We (Parent(s)/Guardian(s)) have read and agreed to all the conditions of this registration.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Enclosed is the non-refundable registration fee of \$85 per week. The \$85 non-refundable per week registration fee must accompany each application. **This \$85 will be taken from the camp fee when calculating the balance due.** There will be a \$15 service charge for any returned checks.

I have enclosed a check in the amount of \$\_\_\_\_\_ payable to **CAMP HOWE, INC.**

Please charge my (circle one) Visa MasterCard

for (circle one) registration fee only full program fees

Name as it appears on card: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

V Code(3 digit # on back of card): \_\_\_\_\_ Signature on card: \_\_\_\_\_

**I think my friend may be interested in attending Camp Howe. Please send them a brochure.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_