



## 2015 Bubbie Zaydie Family Camp Application at the Butzel Retreat Center

Bubbie/Zaydie's Last Name \_\_\_\_\_

Bubbie \_\_\_\_\_ Zaydie \_\_\_\_\_

Bubbie/Zaydie's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Bubbie's E-Mail \_\_\_\_\_ Bubbie's Phone \_\_\_\_\_

Zaydie's E-Mail \_\_\_\_\_ Zaydie's Phone \_\_\_\_\_

Child's Name \_\_\_\_\_ M/F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at camp \_\_\_\_\_

Child's Name \_\_\_\_\_ M/F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at camp \_\_\_\_\_

Child's Name \_\_\_\_\_ M/F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at camp \_\_\_\_\_

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Child's Name \_\_\_\_\_ M/F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at camp \_\_\_\_\_

Child(ren)'s Address (Family 1) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Phone \_\_\_\_\_

Child(ren)'s Address (Family 2) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Phone \_\_\_\_\_

We would like to be in the same guesthouse as \_\_\_\_\_

We need \_\_\_\_\_ crib(s). We need vegetarian meals for \_\_\_\_\_ people.

Other dietary concerns/allergies \_\_\_\_\_

\*Please note this program is best suited for children ages 4 and older.\*

Have you attended a Bubbie Zaydie Family Camp before? Yes \_\_\_\_ No \_\_\_\_

How did you hear about Bubbie Zaydie Family Camp? \_\_\_\_\_

All applications received in our office by March 20, 2015, at 9 am, will be included in a random lottery selection process. This process ensures that every family has an equal chance of registering.

Families will be notified via email by April 9, 2015, as to which week they have been assigned. Applications received after March 21, 2014, will be processed on a first-come, first-served basis. Once a family is registered, \$100 of the fee is non-refundable. There will be no refund for cancellations made less than four weeks prior to a family's scheduled weekend.

Please list, 1-8 in order of preference, your preferred weekends. If your first choice is full, you will be placed in your next available choice. If you only indicate one weekend, and you are not immediately accepted, you will be placed on a waiting list for that program.

We are interested in attending the following weekends:

<input type="checkbox"/> Weekend 1: June 12-14	<input type="checkbox"/> Weekend 4: July 10-12	<input type="checkbox"/> Weekend 7: July 31-Aug 2
<input type="checkbox"/> Weekend 2: June 19-21	<input type="checkbox"/> Weekend 5: July 17-19	<input type="checkbox"/> Weekend 8: August 7-9
<input type="checkbox"/> Weekend 3: June 26-28	<input type="checkbox"/> Weekend 6: July 24-26	

Please check one: (Please do not include children under the age of three, as there is no fee for them)

<input type="checkbox"/> Family of two: \$350	<input type="checkbox"/> Family of five: \$600
<input type="checkbox"/> Family of three: \$450	<input type="checkbox"/> Family of six: \$875 (two rooms)
<input type="checkbox"/> Family of four: \$525	<input type="checkbox"/> Family of seven: \$950 (two rooms)
	<input type="checkbox"/> Family of eight: \$1,025 (two rooms)

**Full fee is required along with the application. Please make checks payable to Tamarack Camps.**

Bubbie Zaydie Family Camp  
6735 Telegraph Road, Suite 380  
Bloomfield Hills, MI 48301

### Terms & Conditions:

I, understand, acknowledge and agree as follows:

1. All camp fees are due in full when submitting an application. Once a family is registered, \$100 of the fee is non-refundable. There will be no refund for cancellations made less than four weeks prior to a family's scheduled weekend.
2. Applications and payments do not guarantee a Family is registered for the program applied for. If we are unable to register a Family, a full refund of the payment will be provided.
3. Tamarack Camps reserves the right to cancel a program due to insufficient registration or as otherwise determined in its sole and absolute discretion. A full refund will be provided in the event of a program cancellation.
4. The camping experience involves activities that come with certain risks and uncertainties including, but not limited to, horseback riding, ropes course, rafting, biking, climbing, balancing, exercising, running, lifting, bending, zipline, swimming, diving, land sports, boating, bus trips, weather conditions, plants, insects, team activities and rugged terrain. I assume these risks and agree to allow my Camper to participate in all Tamarack Camps activities. I hereby agree to release, indemnify, defend (including the payment of actual attorneys' fees and costs of a judgment/settlement) and hold harmless Tamarack Camps, officers, directors, agents and employees, from any and all liability for damage, injury, death or illness to and/or caused by my Camper or his/her property that directly or indirectly relate to Tamarack Camps. The undersigned's exclusive method for resolving disputes hereunder shall be by arbitration in accordance with the Rules of American Arbitration Association (the "AAA") before 1 arbitrator

the arbitrator may be filed with the Clerk of the Circuit Court for Oakland County, Michigan and judgment may be rendered by the court upon the arbitration award and execution may be issued upon the judgment. The exclusive venue and jurisdiction for any arbitration shall be in Oakland County, Michigan. Notwithstanding anything to the contrary, the liability of Tamarack Camps shall be limited to the program fee. All claims by the undersigned will be extinguished if not brought within 180 days following the incident giving rise to such dispute. The prevailing party in any dispute between the parties will be entitled to its costs and expenses including attorney fees, arbitration costs and all other costs associated with such action. Any claim by the undersigned, including but not limited to any claim for damages, amounts due, or for any other cause shall be brought in the undersigned's individual capacity as specified herein, and not as a plaintiff or class member in any purported class or representative proceeding.

5. My family's name, address, phone number, email, photograph, drawings, crafts, statements, video content, voice recordings and/or image may be used by Tamarack Camps and partner agencies of the Jewish Federation of Metropolitan Detroit.

I have read the above TERMS & CONDITIONS and acknowledge that it is my responsibility to be familiar with all registration materials, policies, guidelines and details provided by Tamarack Camps.

I have read the above TERMS & CONDITIONS and acknowledge that it is my responsibility to be familiar with all registration materials, policies, guidelines and details provided by Tamarack Camps. I have reviewed and discussed the above TERMS & CONDITIONS, including "RULES OF BEHAVIOR," with my family and voluntarily agree to be bound hereby. The below signature submitted shall serve as a legally binding acceptance to the terms and conditions as stated herein.

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Signature

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Date