



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

\$50 discount for Session 1

OVER

One Week Sessions

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

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

Two Week Sessions

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

CIT Program

- Session - A. July 6th - July 18th
- Session - B. July 20th - August 1st

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: _____