



2012 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.2012 _____ Grade in Sept. _____ M/F _____

Camper's Email Address _____

Address _____ City _____ State _____ Zip _____

Guardian's Name _____ Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Email Address (Please Print) _____

Guardian's Name _____ Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ 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	
\$300	Junior Day Camp per week
\$465	Juniors per week (6 th grade and below)
\$475	Teens per week (7 th grade and above)
\$875	Junior per 2 weeks
\$885	Teen per 2 weeks
\$600	CIT per 2 weeks (ages 15-17)
\$640	ECHO Resident per week
\$440	ECHO Day camp per week
\$1300	Echo per 2 weeks residential

OVER

One Week Sessions

(Day Camp Sessions start on Mondays, i.e. June 28)

- 1st Session - July 1st - July 6th
- 2nd Session - July 8th - July 13th
- 3rd Session - July 15th - July 20th
- 4th Session - July 22nd - July 27th
- 5th Session - July 29th - August 3rd
- 6th Session - August 5th - August 10th
- 7th Session - August 12th - August 17th

Two Week Sessions

- Session - A. July 8th - July 20th
- Session - B. July 22nd - August 3rd
- Session - C. August 5th- August 17th

CIT Program

- Session - A. July 8th - July 20th
- Session - B. July 22nd - August 3rd

Teens Only

- Zip-lining for \$100 extra (Sessions 2,4,6)
- White water rafting for \$90 extra (Sessions 3,5,7)

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 including but not limited to, brochures, newspapers, newsletters, social media and website. 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. Camp Howe may also use images taken by my child for these purposes.

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 \$100 per week. **This \$100 will be taken from the camp fee when calculating the balance due.** The \$100 non-refundable per week registration fee must accompany each application.

There will be a \$20 service charge for any returned checks.

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

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: _____