



# CAMP WILBUR HERRLICH



Presents

# Winter Vacation Camp



**FEBRUARY 20 - 24, 2012**



*All the fun of summer...in the snow?!?!?*

*Spectacular fun and games in the winter wonderland of Camp Herrlich*

**Choose your own camp package!**

**Enroll with a friend!**

**1. PER DAY PACKAGE (Kindergarten +)**

- Choose any day (Monday through Friday) from 9:00 AM to 5:00 PM\*
- Includes Lunch & Snacks
- Only \$50.00 per day

**2. COMPLETE DAY PACKAGE (Kindergarten +)**

- Every day from Monday through Friday from 9:00 AM to 5:00 PM\*
- Includes Lunch & Snacks every day
- Only \$225.00 for all 5 days!

*\* Before care (8am) and after care (6pm) arrangements can be made by calling the camp office at 845-878-6662*



Please complete a separate registration form for each child. Send with full, non-refundable payment by February 13<sup>th</sup> (checks payable to Camp Herrlich) to:

**Camp Herrlich**  
**101 Deacon Smith Hill Road**  
**Patterson, New York 12563**  
**Fax: 845-878-2030**

*For more information about Camp Herrlich's Vacation Camp, Summer Day Camp, and Summer Resident Camp, please go to [www.campherrlich.org](http://www.campherrlich.org)*

***Upon receipt of your registration and payment, you will be sent a confirmation and other pertinent information for the February Vacation Camp. Thank you.***

***Any questions? Please call us at 845-878-6662***

**ACTIVITIES MAY INCLUDE SLEDDING, HIKING, GAMES, CRAFTS, SPORTS, MOVIES, HOT CHOCOLATE, AND MUCH, MUCH MORE!!!**



## REGISTRATION & PARENTAL CONSENT FORM

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 HOME # \_\_\_\_\_ WORK # \_\_\_\_\_ EMERGENCY # \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

**Please Choose Your Camp Package Below:**

	Monday	Tuesday	Wednesday	Thursday	Friday	
1. Per Day (\$50 per day)	[ ]	[ ]	[ ]	[ ]	[ ]	\$ _____
2. Weekly Package (\$225 total)	←----->					\$ _____
<b>TOTAL AMOUNT ENCLOSED</b>						\$ _____

By signing this form, I give my child permission to attend Camp Herrlich Vacation Camp. I also authorize the camp staff to seek and give permission for any medical treatment needed, in case of emergency.  
 I understand that photographic images, videotapes and likenesses of my child may be used in connection with publicity of Mt. Tremper Outdoor Ministries and Camp Wilbur Herrlich.  
 In consideration for accepting this application, I, the undersigned, intending to be legally bound for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages I may have against any and all agents, chaperons, employees of MTOM, Inc. and any of their sponsors, their representatives, successors and assigns for any and all injuries and/or damage suffered by me/my son/daughter/ or any other family member in connection with this activity.

Parent/Guardian Name (Please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_