

CAMP HERRLICH 2010 SUMMER DAY CAMP REGISTRATION FORM

Please use a separate registration form for each camper. Please PRINT clearly.

Camper's Name _____ Age (as of 7/1/10) _____ DOB ____/____/____ Grade completed as of 7/1/10 _____

Mailing Address _____ Gender Male _____ Female _____

Town _____ State _____ ZIP _____ Home Phone (____) _____





Parent(s)/Guardian(s) _____

Address (if different) _____ Home Phone (if different) (____) _____

Work Phone (____) _____ Cell Phone (____) _____ Email _____

	Full Payment with registration received by 3/1/10	Day Camp 9:00 a.m.–4:30 p.m.	Registration after 6/1/10	Before 7:30–9:00 a.m.	After Care 4:30–6:00 p.m.	
Week 1 = July 5–9	\$220 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$260 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$50 <input type="checkbox"/>	Amount Due \$ _____
Week 2 = July 12–16	\$220 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$260 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$50 <input type="checkbox"/>	Amount Due \$ _____
Week 3 = July 19–23	\$220 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$260 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$50 <input type="checkbox"/>	Amount Due \$ _____
Week 4 = July 26–30	\$220 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$260 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$50 <input type="checkbox"/>	Amount Due \$ _____
Week 5 = August 2–6	\$220 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$260 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$50 <input type="checkbox"/>	Amount Due \$ _____
Week 6 = Aug 9–13	\$220 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$260 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$50 <input type="checkbox"/>	Amount Due \$ _____
Week 7 = Aug 16–20	\$220 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$260 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$50 <input type="checkbox"/>	Amount Due \$ _____
Week 8 = Aug 23–27	\$220 <input type="checkbox"/>	\$240 <input type="checkbox"/>	\$260 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$50 <input type="checkbox"/>	Amount Due \$ _____

NEW FOR 2010! All campers who register for two weeks or more by March 1, 2010 and pay in full upon registration can lock in 2008 rates. Pay in full and save! (This offer cannot be combined with Herrlich Scholarship.)

PAYMENT INFORMATION	
CASH/CHECK (Payable to Camp Herrlich) Check # _____	Total Due \$ _____
CREDIT CARD (Circle one)    	
Card # _____ Exp Date _____	Deposit Paid (\$240 min) _____
Name as it appears on card _____	
Billing Address _____	
City, ST ZIP _____	

If you are interested in enrolling in our five-week Counselor in Training program for 14 to 15 year olds, please call our office for an application or download from our website.

I agree to pay a \$240 deposit per child with this registration form. I understand that deposits are refundable (less a \$50 administrative fee) up to May 1, 2010. After May 1st, deposits are NOT refundable. I further agree to pay one half of the remaining balance 30 days from the registration date, and the remainder of the balance in full on or before June 1, 2010.

I understand that no reduction of camp fee can be made for missed days or camper's absence.

Parent/Guardian Signature _____	Date _____
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Please indicate below camper's t-shirt size. We will make every attempt to accommodate the size requested.

Circle one Youth M (8–10) Youth L (12–14) Adult Small Adult Medium Adult Large Adult XL

MAIL TO
Camp Wilbur Herrlich
101 Deacon Smith Hill Road
Patterson, New York 12563

OR FAX TO (credit card payments only)
845-878-2030

DOWNLOAD FORMS
www.campherrlich.org