

Bushy Hill Camper Registration Summer 2008!

Name _____ Boy: ___ Girl: ___ Grade Next Fall: _____
 Street Address: _____ D.O.B.: _____
 Town: _____ Zip: _____ Home Phone: () _____
 Family E-mail _____ RETURNING CAMPER? YES NO
 Father or Guardian: _____ Work/Cell Phone: () _____
 Mother or Guardian: _____ Work/Cell Phone: () _____
 Emergency Contact Person: _____ Phone #: () _____

VACATION DAY CAMP

February Session: *February (18-22)* _____ **\$200.00**
 March Sessions: *March (10-14 & 17-21)* _____ **\$200.00**
 April Session: *April (14-18)* _____ **\$200.00**

Summer Day Camp
Cost per session: \$500.00

_____ **1st session:** June 23 – July 4
 _____ **2nd session:** July 7 – July 18
 _____ **3rd session:** July 21 – Aug 1
 _____ **4th session:** Aug 4 -Aug 15

Abo Day Camp for Teens
 Cost per Abo I, II, & III **\$275.00**
 Cost per **Abo IV*: **\$ 500.00**

_____ ***Abo IV:** June 23- June 27
 _____ **Abo I:** June 30 – July 4
 _____ **Abo II:** July 7 – July 11
 _____ **Abo III:** July 14 – July 18
 _____ **Abo IV:** July 21 – July 25
 _____ **Abo I:** July 28 – Aug 1
 _____ **Abo II:** Aug 4 – Aug 8
 _____ **Abo III:** Aug 11 – Aug 15

*** Abo IV is an overnight camp. There are Prerequisites to this course. Contact us for Information at (860) 767-2148**

Please Read Carefully and Sign

This application has my consent. I authorize the Camp Director to act for me according to his/her best judgment in any emergency, and in the event that I cannot be reached, I hereby give permission to the selected physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. My child has permission to take part in all organized and supervised activities. The camp for publicity purposes may use photographs and videos in which my child appears.

I enclose the entire fee of \$500.00 (per Summer Day Camp Session), \$275.00 (per Abo Session). I understand that if I withdraw my child before the first day of camp(June 23), 1/2 of the entire fee per session will be refunded. If I withdraw my child during the camp season (June 23 – Aug 15), I understand that there will be no refund. If my child is contagious or too ill to attend at least five days of the session, then a pro-rated fee of \$40.00 per day will be refunded.

Signature of parent or guardian _____ **Date** _____

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CREDIT CARD OPTION

camper name (s) _____ total to be charged \$ _____
 card holder name _____ (Master Card) _____ (Visa)
 complete billing address _____
 card # _____ exp. Date _____ phone #() _____