



# SUMMER 2010 REGISTRATION

**Mail In This Form or Easily Register Online at [www.campingnj.com](http://www.campingnj.com)**

Only one camper per registration form - please copy.

Payment in full must accompany any overnight registration sent June 25, 2010 or later.

Camper: Last Name		First	M.I.	Date of Birth: ___/___/___	Age: ___
				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:				How did you hear about us?	
City, State, Zip:				<input type="checkbox"/> Internet <input type="checkbox"/> Church <input type="checkbox"/> Metro Kids <input type="checkbox"/> Family <input type="checkbox"/> Trend <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Direct Mail <input type="checkbox"/> Clipper <input type="checkbox"/> Friend <input type="checkbox"/> SJ Mom	
Camper Email:		Home Phone: (    )		<input type="checkbox"/> Other: _____	
Camper Partner Request (1 partner only - must be same age or one year different):					
Parent Name:			Parent Email:		
Address (if different):			City, State, Zip:		
Parent Phone:		Parent Cell Phone:		Parent Work Phone:	
Is camper allergic to any food/medicine or limited in physical activity? <input type="checkbox"/> NO <input type="checkbox"/> YES - Explain:					
Does camper have any physical, mental, or learning disabilities? <input type="checkbox"/> NO <input type="checkbox"/> YES - Explain:					
Emergency Contact:			Emergency Phone: (other than home): (    )		

**All Parents or Guardians and Campers must provide an original signature below:**

I realize that children can be injured at camp. I hereby assume all risk of injuries to my camper and hereby release and discharge Haluwasa, Inc. from any and all liability which may result in injury to my camper. I give permission to Haluwasa, Inc. to administer medications as it deems necessary to my camper. Included are medications sent with my camper and/or nonprescription medications available at camp. In case of emergency I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to Haluwasa, Inc. to hospitalize and/or secure professional medical treatment for my camper. I also give permission to a hospital or professional medical facility to provide emergency medical care including surgery for my camper. I understand that Haluwasa, Inc. will be teaching my camper Christian-based lessons from the Bible. I give my permission for my camper to attend Haluwasa sponsored day trips. I assume financial responsibility for all actions of my camper including those which may cause damage to the property or the personal possessions of others. I give Haluwasa permission to check my campers belongings. If Haluwasa deems it necessary for my camper to be removed from camp due to disciplinary or other problems, I will respond by promptly picking up my camper and understand that no refund will be given. I give permission for pictures and videos of my camper to be used for promotional purposes. I agree not to hold Haluwasa, Inc. responsible for loss or damage to items my camper brings to camp.

In case this camper cannot attend the scheduled week/s, one of only three options are available. 1. An alternative week in the current season may be substituted based on availability. 2. Another camper may be substituted. 3. If the balance due has already been paid and Haluwasa, Inc. receives written notice at least 7 days before the scheduled camp week begins, the balance will be refunded.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to obey all the rules at Camp Haluwasa - Camper Signature: \_\_\_\_\_

<p><b>OVERNIGHT CAMP</b> (Check program camper will attend)</p> <p><input type="checkbox"/> Frontier Village (Ages 6-9)  <input type="checkbox"/> Tall Pines Territory (Ages 10-11)  <input type="checkbox"/> Wilderness Outpost (Ages 12-13)  <input type="checkbox"/> Tee Pee Town (Ages 14-16)  <small>(Canoe Trip Weeks 1-3 &amp; Beach Trip Weeks 4-6)</small></p> <p>(Check week(s) camper will attend)</p> <p><input type="checkbox"/> Week 1 - July 11 - 16  <input type="checkbox"/> Week 2 - July 18 - 23  <input type="checkbox"/> Week 3 - July 25 - 30  <input type="checkbox"/> Week 4 - Aug. 1 - 6  <input type="checkbox"/> Week 5 - Aug. 8 - 13  <input type="checkbox"/> Week 6 - Aug. 15 - 20</p> <p><b>FRONTIER VILLAGE, TALL PINES &amp; WILDERNESS OUTPOST WEEKLY RATES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Non-refundable Deposit</th> <th>Balance Due</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>\$200</td> <td>*\$225</td> <td>\$425</td> </tr> </tbody> </table> <p><b>TEE PEE TOWN WEEKLY RATES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Non-refundable Deposit</th> <th>Balance Due</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>\$200</td> <td>*\$235</td> <td>\$435</td> </tr> </tbody> </table> <p><b>*IMPORTANT</b> The balance due must be received by July 1st. or the camper registration may be cancelled.</p>	Non-refundable Deposit	Balance Due	Total	\$200	*\$225	\$425	Non-refundable Deposit	Balance Due	Total	\$200	*\$235	\$435	<p><b>DAY CAMP</b> (Check program camper will attend)</p> <p><input type="checkbox"/> Discovery Junction (Ages 6-9)  <input type="checkbox"/> Fort Adventure (Ages 10-14)</p> <p>(Check week/s camper will attend)</p> <p><input type="checkbox"/> Week A - June 28 - July 2  <input type="checkbox"/> Week B - July 5 - 9  <input type="checkbox"/> Week C - July 12 - 16  <input type="checkbox"/> Week D - July 19 - 23  <input type="checkbox"/> Week E - July 26 - 30  <input type="checkbox"/> Week F - Aug. 2 - 6  <input type="checkbox"/> Week G - Aug. 9 - 13  <input type="checkbox"/> Week H - Aug 16 - 20</p> <p><b>DISCOVERY JUNCTION WEEKLY RATES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Non-refundable Deposit</th> <th>Balance Due</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>\$150</td> <td>\$135</td> <td>\$285</td> </tr> </tbody> </table> <p><b>FORT ADVENTURE WEEKLY RATES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Non-refundable Deposit</th> <th>Balance Due</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>\$150</td> <td>\$145</td> <td>\$295</td> </tr> </tbody> </table> <p><b>TRANSPORTATION</b>  <input type="checkbox"/> \$110 Per Week Additional.        \$75 Each additional child at same location.        (Call for details and availability)</p>	Non-refundable Deposit	Balance Due	Total	\$150	\$135	\$285	Non-refundable Deposit	Balance Due	Total	\$150	\$145	\$295
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**PAYMENT OPTIONS**  MasterCard  VISA  Discover  Amex  Check or Money Order

Card Holder's Name: \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date / / \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Make all payments to: Haluwasa, Inc., 377 Ehrke Road, Hammonton, NJ 08037

Haluwasa Phone: (609) 561-3081 Fax: (609) 561-8837 [www.campingnj.com](http://www.campingnj.com)

Email: [haluwasa@haluwasa.org](mailto:haluwasa@haluwasa.org) A \$30 Service Fee will be charged for all checks returned.