

HALUWASA SUMMER 2019 REGISTRATION

Mail In This Form or Easily Register Online at www.campingnj.com

Only one camper per registration form - please copy.

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
Camper Email:			<input type="checkbox"/> Trend	<input type="checkbox"/> Radio
Home Phone: ()			<input type="checkbox"/> Clipper	<input type="checkbox"/> Friend
Camper Partner Request (1 partner only - must be same age or one year different):			<input type="checkbox"/> Metro Kids	<input type="checkbox"/> Family
			<input type="checkbox"/> Newspaper	<input type="checkbox"/> Direct Mail
			<input type="checkbox"/> SJ Mom	
			<input type="checkbox"/> Other: _____	
Parent Name:			Parent Email:	
Address (if different):			City, State, Zip:	
Parent Phone:			Parent Cell Phone:	
			Parent Work Phone:	
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 injury 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 deemed 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 care including surgery for my camper. I understand that Haluwasa, Inc. will be teaching my camper Christian-based lessons from the Bible. I assume financial responsibility for all the actions of my camper including those which may cause damage to property or the personal possessions of others. I give Haluwasa Inc. permission to check my campers belongings. If the Haluwasa, Inc. staff 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/or videos of my camper to be taken and used by Haluwasa, Inc. for promotional and/or educational purposes. I agree not to hold Haluwasa, Inc. responsible for the 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: _____

<h3 style="text-align: center;">OVERNIGHT CAMP WEEKLY RATES</h3> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Non-refundable Deposit</th> <th style="text-align: left;">Balance Due</th> <th style="text-align: left;">Total</th> </tr> </thead> <tbody> <tr> <td>OVERNIGHT CAMP: \$200</td> <td>*\$295</td> <td>\$495</td> </tr> </tbody> </table> <p>(Check program camper will attend)</p> <p><input type="checkbox"/> Frontier Village (Ages 6-9)</p> <p><input type="checkbox"/> Tall Pines Territory (Ages 10-11)</p> <p><input type="checkbox"/> Wilderness Outpost (Ages 12-13)</p> <p><input type="checkbox"/> Tee Pee Town (Ages 14-16)</p> <p>(Check week(s) camper will attend)</p> <p><input type="checkbox"/> Week 1 - July 7 - 12</p> <p><input type="checkbox"/> Week 2 - July 14 - 19</p> <p><input type="checkbox"/> Week 3 - July 21 - 26</p> <p><input type="checkbox"/> Week 4 - July 28 - Aug. 2</p> <p><input type="checkbox"/> Week 5 - Aug. 4 - 9</p> <p><small>*IMPORTANT: The balance due must be received by July 1st or the camper registration may be canceled.</small></p>	Non-refundable Deposit	Balance Due	Total	OVERNIGHT CAMP: \$200	*\$295	\$495	<h3 style="text-align: center;">HALUWASA ADD ON PROGRAMS</h3> <p>For Overnight & Day Campers Ages (10-16)</p> <p>(Check one add on program camper will attend)</p> <p><input type="checkbox"/> Horsemanship + \$125</p> <p><input type="checkbox"/> Culinary Arts + \$75</p> <p><input type="checkbox"/> Archery + \$75</p> <p>*IMPORTANT: Add on program fee must be paid in full with the deposit.</p> <p>*IMPORTANT: Add on programs are not available for Day Camp Weeks A,B, H & I.</p>	<h3 style="text-align: center;">DAY CAMP WEEKLY RATES</h3> <p>(Check program camper will attend)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Non-refundable Deposit</th> <th style="text-align: left;">Balance Due</th> <th style="text-align: left;">Total</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Discovery Junction (Ages 6-9):</td> <td>\$150</td> <td>*\$135 \$285</td> </tr> <tr> <td><input type="checkbox"/> Fort Adventure (ages 10-14):</td> <td>\$150</td> <td>*\$145 \$295</td> </tr> </tbody> </table> <p>(Check week(s) camper will attend)</p> <p><input type="checkbox"/> Week A - June 24 - 28</p> <p><input type="checkbox"/> Week B - July 1 - 5</p> <p><input type="checkbox"/> Week C - July 8 - 12</p> <p><input type="checkbox"/> Week D - July 15 - 19</p> <p><input type="checkbox"/> Week E - July 22 - 26</p> <p><input type="checkbox"/> Week F - July 29 - Aug. 2</p> <p><input type="checkbox"/> Week G - Aug. 5 - 9</p> <p><input type="checkbox"/> Week H - Aug. 12 - 16</p> <p><input type="checkbox"/> Week I - Aug. 19 - 23</p>	Non-refundable Deposit	Balance Due	Total	<input type="checkbox"/> Discovery Junction (Ages 6-9):	\$150	*\$135 \$285	<input type="checkbox"/> Fort Adventure (ages 10-14):	\$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

Email: haluwasa@haluwasa.org A \$30 Service Fee will be charged for all checks returned.