



CITY OFFICE 547 Saw Mill River Rd. Suite 3D Ardsley, N.Y. 10502 (914) 693-8952 (914) 674-8952 -fax	SUMMER OFFICE 159 Empire Rd Copake, N.Y. 12516 (518) 329-3303 (518) 329-4779 -fax
---	--

E-mail Address: info@BHECamps.com
Web Site www.BHECamps.com

2008 CAMP APPLICATION

CAMPER'S NAME: _____ Address: _____
 _____ () _____ Email _____
 CITY STATE ZIP CODE HOME PHONE NUMBER

FIRST NAME OF CAMPER	SEX M/ F	BIRTHDATE MO-DAY-YEAR	CURRENT GRADE	OLD/NEW CAMPER	Bunking requests
1. _____					
2. _____					
3. _____					

Please enroll my camper for: Full Season First Session Second Session

Father's Name _____ Mother's Name _____
 Occupation _____ Occupation _____
 Bus. # _____ Email _____ Bus. # _____ Email _____
 Bus. # _____ Email _____ Bus. # _____ Email _____
 Marital Status: Married Divorced Widowed

Dates & Fees

		<u>EARLY BIRD</u>	<u>NOV. 1, '07</u>
Session #1	Sun., June 29th - Fri., July 25th	\$3,250	\$3,500
Session #2	Mon., July 28th - Sun., Aug. 17th	\$2,825*	\$3,075
Sessions #1 & #2	Sun., June 29th - Sun., Aug. 17th	\$5,600*	\$6,100

*(Teen Campers in Senior Unit, session #2 only, attend a 5-6day excursion at an additional cost of \$600)

Early Bird Discount-deposit of \$500/session by November 1, 2007
Pay in full by March 1, 2008

*Sibling Discount: 10% for 1st. sibling, 15% for 2nd. sibling.
 FEE INCLUDES DOOR- TO- DOOR LUGGAGE PICK-UP & DELIVERY.

Enclosed is my deposit of \$ _____. Balance to be paid by March 1, 2008. Early Bird
 Enclosed is my deposit of \$ _____. Balance to be paid by June 1, 2008. Full Tuition.
 BH-EC accepts all major credit cards. ___ Visa ___ Mastercard ___ Discover ___ Amex
 Please charge my deposit # _____ Exp. Date _____

Camper-in-Training Program

(For campers ages 7-10 a shorter version of our camp session) COST: \$1,500
 June 29-July 13, July 13-July 25 OR July 28- August 10

For 2008: Campers ages 7, 8, 9 & 10 only
Recommend a new family and receive \$150 for each session the camper completes.

IN CASE OF EMERGENCY-CALL

Relationship to Camper

Phone No.

MEDICAL INSURANCE CARRIER:

POLICY or I.D. #

(Please enclose a Photostat copy of your insurance card)

MEDICAL AUTHORIZATION

The authorization granted by this form will be used only where absolutely necessary and only after every attempt has been made to contact a parent. In case of emergency, I hereby authorize the doctor or the hospital to which my child may be brought (and whomever they may designate as their assistant) to perform any emergency procedure or operation, to give treatment, injection and the administration of anesthetic to my child.

Please read the below information

Terms & Conditions

I understand and agree to the following

I understand that there is a registration fee of \$500 per session (included in fee), which is not refundable. In the event of cancellation after May 1st, the camp will retain full session fee except for valid, documented medical reasons only, then the camp will return all monies paid less the registration fee.

MEDICAL INSURANCE POLICY: I understand that the camp has a doctor on premises. The camp will cover only the visits to the camp doctor. I will be responsible for all other medical expenses.

I agree that any dispute arising under this agreement will be determined exclusively by final and binding arbitration conducted in Manhattan by the American Arbitration Association. Any decision made by the arbitrators will be final and may be entered as judgment in any court having jurisdiction.

I understand that the camp assumes no financial responsibility in the event of loss or damage to clothing or personal property under any circumstances.

I understand that the camp policy prohibits camper visitation or removal of campers from campgrounds without prior authorization from the Executive Director, or his designee.

I AM NOT ENTITLED TO ANY REFUND OF FEES IF, FOR ANY REASON, THE CAMPER RETURNS HOME, IS SENT HOME OR IS TAKEN HOME BEFORE THE END OF THE SEASON.

The camp reserves the right to dismiss a camper whose behavior is deemed unsatisfactory.

I give permission for my child to go on OUT-OF-CAMP trips under the supervision of camp personnel.

I give permission for my child to list their e-mail address on the camp website. (I decline permission).

I give permission to B.H.-E.C. to use photographs and/or recordings of my child to promote the camp.

B.H.-E.C. has my permission to give out my name, e-mail, address or tel. # for contact by prospective or new camp families (I do not wish to have my information distributed No).

I certify that my child is healthy and able to participate in all general camp activities. I understand the application is being accepted subject to a physical examination by a physician within 12 months of camp beginning.

DATE OF APPLICATION _____

SIGNATURE OF PARENT OR GUARDIAN _____

**THIS PAGE MUST BE SIGNED AND RETURNED IN
ORDER TO REGISTER YOU CHILD FOR CAMP**

Mother's Full Name

Business Phone #

Cell Phone #