

MOUNT TREMPER OUTDOOR MINISTRIES AT CAMP HERRLICH 2017 SLEEPAWAY CAMP REGISTRATION FORM

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

Camper's Name _____ Age as of 7/2/17 ____ DOB ____/____/____ Grade completed as of 6/30/17 ____

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 _____ Agency Affiliation (or who referred you) _____

CUSTODY Mother _____ Father _____ Joint _____ Other (please specify) _____ N/A _____




SESSION 1 —Fee \$750 July 2— _____ July 14	SESSION 2 —Fee \$750 July 16— _____ July 28	SESSION 3 —Fee \$375 July 30–August 4 _____ \$200 deposit required per camper	Amount Due _____
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COUNSELOR-IN-TRAINING PROGRAM—Fee \$500 (must be 16 years old by 7/2/17) Required in full at registration Amount Due _____

July 2– August 4 _____ *I understand that my child MUST vacate the camp property from 12 noon, Friday, July 14 through 2:00 p.m. Sunday, July 16 and 12 noon, Friday, July 28 through 2:00 p.m. Sunday, July 30*

PAYMENT INFORMATION

CASH/CHECK (Payable to Camp Herrlich) Check # _____ Total Due _____

CREDIT CARD (Circle one)   
Card # _____ Exp Date _____ Deposit Paid (\$200 min) _____

Name as it appears on card _____

Billing Address _____

City, ST ZIP _____

This camper is permitted to participate in all scheduled camp activities, off-camp trips, and events, unless contradicted by a medical report, which I will provide. I will also authorize the camp staff to seek and give permission for any medical treatment needed, in case of emergency. In consideration for accepting this application, I, the undersigned, intending to be legally bound for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damage I may have against any and all agents, chaperones, employees of MTOM, Inc., and any of their representatives, successors, and assigns for any and all injuries and/or damage suffered by me/ my son/ daughter or any family member in connection with this activity.

I understand that my child will be expected to abide by the rules and regulations set by the Director of Camp Herrlich Summer Camp. I understand that failure to adhere to camp rules may result in immediate dismissal from Camp Herrlich with no refund of camp fee.

I further understand that photographs, photographic images, video-tapes, and likenesses of my child may be used in connection with publicity of Mount Tremper Outdoors Ministries and Camp Wilbur Herrlich.

I agree to pay \$200 deposit per child, per session, with this registration form. I understand that the deposit is refundable up to June 1, 2017, with the exception of a \$50 administrative fee. After June 1st, the entire \$200 is NOT refundable. I further agree to pay the remainder of the balance in full on or before June 1, 2017 Please refer to fee schedule and cancellation policy on the opposite page.

The parent who signs this form represents that he/she has full authority to do so and will be responsible for payment of the camp fees. It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Putnam County, New York, and shall be construed in accordance with the laws of New York.

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

Parent/Guardian Name (please PRINT clearly)	Date
Parent/Guardian Signature	Date
Transportation Needed () Yes () No Bus Stop Name:	

MAIL TO
Camp 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