



CAMP HERRLICH

Presents

Summer Vacation Camp!



Friday June 23rd, 2017

End the school year with a day of Camp Herrlich fun!

For ages 4 and up!

- Hours from 9:00 AM to 5:00 PM
- Only \$48.00! Includes Lunch & Snacks.
- Extended Day Option Now Available! 7am – 6pm, \$60!

These days will feature so many of our Summer Camp activities! High Ropes! Archery! Boating! Fishing! Frog Catching! Hiking! Nature! Journalism and Design! Arts and Crafts! Sports! Games! And the friendliest staff you can imagine.

Please complete a separate registration form for each child. Send with full, non-refundable payment as soon as possible. (*checks payable to Camp Herrlich*) to:

Camp Herrlich
101 Deacon Smith Hill Road
Patterson, New York 12563

Fax: 845-878-2030
Scan and e-mail to: koleary@campherrlich.org
www.campherrlich.org

Upon receipt of your registration and payment, you will receive a confirmation call, e-mail, or letter. Any questions? Please call us at 845-878-6662 or visit us on the web www.campherrlich.org for more information about Before/After School Programs, Vacation Camp, and Summer Day Camp

REGISTRATION & PARENTAL CONSENT FORM

NAME _____ DOB _____ AGE _____ SEX _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME # _____ WORK # _____ EMERGENCY # _____

E-MAIL: _____

I would like to sign my child up for: Friday 6/24

9am – 5pm \$48 _____ 7am – 6pm \$60 _____ x # of days = TOTAL ENCLOSED: \$ _____

By signing this form, I give my child permission to attend Camp Herrlich Vacation Camp. I also authorize the camp staff to seek and give permission for any medical treatment needed, in case of emergency.

I understand that photographic images, videos and likenesses of my child may be used in connection with publicity of Mt. Tremper Outdoor Ministries and Camp Wilbur Herrlich.

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 damages I may have against any and all agents, chaperons, employees of MTOM, Inc. and any of their sponsors, their representatives, successors and assigns for any and all injuries and/or damage suffered by me/my son/daughter/ or any other family member in connection with this activity.

Parent/Guardian Name (Please print) _____

Parent/Guardian Signature _____ Date _____