

Winter Address
 Associated Camps, Inc.
 271 Route 46 Unit A-109
 Fairfield, NJ 07004
 (973) 276-3233 or
 (800) 400-1924

Associated Camps, Inc.

Block and Hexter Vacation Center

Early Bird Form - Annual HAZAK Retreat

June 28 - July 5, 2012

Summer Address
 Block & Hexter
 Box 76, Route 370
 Poyntelle, PA 18454
 (570) 448-2108

Name _____ Date of Birth _____ Sex _____
LAST NAME FIRST NAME MALE/FEMALE

Name _____ Date of Birth _____ Sex _____
LAST NAME FIRST NAME MALE/FEMALE

Marital Status: Married Single Widowed Divorced

Address _____ Apt # _____
NUMBER AND STREET

City _____ State _____ Zip _____

Home Phone () _____ e-mail _____

Physician _____ Phone () _____

Person To Be Notified In Case Of An Emergency:

Name _____ Phone () _____ Relation _____

Do you have difficulty walking and require special housing ? Yes No Explain _____

Which synagogue are you a member of? _____

Any Medical Problems? _____

Roommate Choice: _____

Is there anyone who you would like to be housed near? _____

Have you ever been a guest at Block and Hexter Vacation Center? Yes No When? _____

Please Note: All rates are listed per person. A \$100 per person deposit is required with application, of which \$75 per person is non-refundable.

✓	Session	Double Occ. pp	Single
<input type="checkbox"/>	Metropolitan NY	\$790	\$1,025
<input type="checkbox"/>	New Jersey	\$790	\$1,025
<input type="checkbox"/>	Meeting at Newark Airport	\$790*	\$1,025*
<input type="checkbox"/>	Connecticut Valley & Upstate, NY	\$825	\$1,075
<input type="checkbox"/>	Maryland, D.C., & Virginia	\$825	\$1,075
<input type="checkbox"/>	Philadelphia and Suburbs	\$825	\$1,075
<input type="checkbox"/>	Massachusetts	\$875	\$1,125

Bus transportation is included in the above rates. No refunds will be made to participants who drive their own cars directly to the Center. (*Above Rates Do Not Include Airfare.)

I will meet the bus at: Newark Airport Dresher, PA Flushing, NY Springfield, NJ
 Sharon, MA Rockville, MD Baltimore, MD Baldwin, NY New York City
 I Will Drive To Block In My Own Car

For Office Use: Record # _____ Room # _____ Processed Date _____ Check # _____

Deposit \$ _____ Transport _____ Scholarship _____ Center _____ EB Credit _____

PLEASE TURN OVER FOR TERMS OF ENROLLMENT AND YOUR SIGNATURE

TERMS OF ENROLLMENT

1. Fees include food, lodging, linens, blankets, and towels. Medical services beyond those routine supports provided by the resident medical staff must be covered by participant's own insurance.
2. Basic gratuities are included in your fees.
3. Round trip transportation from one of the bus stops listed on the front of this form is included in the fee, as stated by region. There must be a minimum of 8 participants in order for a particular bus stop to be used. No refunds will be made to participants who use their own transportation.
4. A Block and Hexter medical form must be submitted 30 days prior to arrival. A blank health form will be sent to you with your bill. Participants must be in general good health. **Participation in the program may be denied if the health form is not received.**
5. I hereby consent and agree to participate in all Associated Camps, Inc., United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc. and USCJ activities including, but not limited to, exhibits, performances, and television, video, radio, and transcribed programs, in each case without compensation, and the Associated Camps, the UJA Federation, and the USCJ, with which the camp is affiliated, may photograph, videotape, or record the undersigned applicant and may use at any time such person's photograph, videotape, or recording and/or name in furtherance of the Associated Camps, UJA Federation's or USCJ's charitable purposes, without being compensated.
6. **Please submit this application with a \$100 deposit per person per session payable to Associated Camps, Inc.** You will be sent a statement showing your balance due.
7. **Cancellation Policy:** Once your deposit check is cashed, there will be a non-refundable processing fee of **at least \$75** per person. Additional cancellation fees vary depending on how far in advance of your stay the cancellation is received. **All cancellations, including medical, received 21 days or less before vacation are subject to a \$100 charge per session. All cancellations, including medical, made in the last week before vacation are subject to a \$150 fee per session.** Cancellations must be in writing. There are no reductions for late arrivals, early departures, or "no shows" - regardless of reason.

ENROLLMENT PROCEDURES

1. To reserve a for 2012, a \$100 deposit per person, is required.
2. **Early Bird Discount Amounts:** Balances paid in full by December 31, 2011 will receive a discount of \$20 per person. Accounts not paid in full by December 31, 2011 will not receive a discount.
3. Persons not paid in full by December 31, 2011 will be re-billed at the 2012 rate as quoted on the front of this registration form. The due date for non-early bird payments is May 1, 2012. Payments made more than 14 days beyond the final due date will incur a \$25 late fee per session per person.
4. We reserve the right to change the rooms of anyone not paid in full by December 31, 2011.
5. **MAKE CHECKS PAYABLE TO THE ASSOCIATED CAMPS, INC.**

Signature 1: _____ Today's Date: _____

Signature 2: _____ Today's Date: _____

Please mail completed application and deposit to:

**Associated Camps, Inc.
271 Route 46 Unit A-109
Fairfield, NJ 07004**