

# Hazak Retreat 2010 Registration

## June 30 - July 7

### HAZAK Retreat - June 30 - July 7, 2010

Enclose a **\$100** deposit per person (\$75 is non-refundable). Check payable to **Associated Camps, Inc.** Mail to: **Associated Camps, Inc., 271 Route 46 Unit A-109, Fairfield, NJ 07004.** All monies to be paid in full by **May 1, 2010.**

(1) Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

(2) Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_ Apt. No \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Marital Status: \_\_\_\_\_

Congregation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone:(\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone:(\_\_\_\_\_) \_\_\_\_\_

Do you have difficulty walking and require special housing?

Yes  No If Yes, please attach details.

Roommate Choice: \_\_\_\_\_

**Zone 1: New Jersey, METNY, Florida, South Carolina, Georgia**

Double Occupancy pp. \$755  Single \$965

**Zone 2: Maryland, Washington, Virginia, DC, North Carolina, Pennsylvania, Connecticut, Upstate New York**

Double Occupancy pp. \$790  Single \$1,005

**Zone 3: Vermont, Maine, Massachusetts, Rhode Island**

Double Occupancy pp. \$840  Single \$1,055

**Yes, I will take the bus from:**

Central, NJ  Northern, NJ  Southern, NJ  
 Herndon, VA  Rockville, MD  Baltimore, MD  
 New Haven, CT  Sharon, MA  New York, NY  
 Syracuse, NY  Dresher, PA  Woodbridge, CT  
 Newark Airport  Flight Required (Additional Charge)

No, I am planning to drive. (No Refunds)

**Rates do not include airfare. If required, cost of airline tickets will be billed separately.**

### TERMS OF ENROLLMENT

1. Fees include food, lodging, linens, blankets, and towels. Medical services beyond routine supports provided by resident medical staff must be covered by participant's own insurance.

2. Fees include basic gratuities.

3. Round trip transportation from select bus stops is included. There must be a minimum of 8 participants for a particular bus stop to be used. No refunds will be made to participants who use their own transportation. Rates **do not** include airfare. If required, airfare will be billed separately.

4. A Block and Hexter health form must be submitted 30 days prior to arrival. A blank form will be sent to you with your bill.

5. **Balance of payment is due on May 1, 2010.** Payments made more than 14 days beyond the due date will incur a \$25 late fee.

6. **Cancellation Policy:** There is a non-refundable processing fee of at least \$75 per person. All cancellations, including medical, received 21 days or less before vacation are subject to a \$100 charge per person. All cancellations, including medical, made in the last week before vacation are subject to a \$150 fee per person. Cancellations must be in writing. There are no reductions for late arrivals, early departures, or "no shows" - regardless of reason.

7. I hereby consent and agree to participate in all Associated Camps, Inc. and USCJ activities including, but not limited to, exhibits, performances, television, video, radio, and transcribed programs, in each case without compensation, and the Associated Camps, USCJ and the UJA-Federation of New York, Inc., with which the camp is affiliated, may photograph, videotape, or record me and may use at any time my photograph, videotape, recording and/or name in furtherance of the Associated Camps or USCJ's charitable purposes, without compensation.

**I have read and agree to the Associated Camps, Inc. terms of enrollment as stated above.**

Signature (1): \_\_\_\_\_

Signature (2): \_\_\_\_\_

**For more information:**

**Jo-Anne Tucker-Zemlak  
(301) 230-0801**