

**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

### Season 2011

**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 \_\_\_\_\_

Any Medical Problems? \_\_\_\_\_

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

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

Do you belong to a YM-YWHA or JCC?  Yes  No If Yes, which one? \_\_\_\_\_

**Please Note: All rates are listed per person. The Superior rooms are available as double occupancy only.**

### Summer Sessions 2011

### Holiday and Short Programs 2011

✓	Session	Dates	Double	Super. Double	Single	✓	Session	Dates	Double	Super. Double	Single
<input type="checkbox"/>	HAZAK Week	June 29 - July 6	\$775	\$970	\$995	<input type="checkbox"/>	Passover	April 18 - 27	\$1,425	\$1,895	\$2,045
<input type="checkbox"/>	Summer #2	July 6 - 20	\$1,225	\$1,575	\$1,775	<input type="checkbox"/>	A Taste of BHVC #4A	August 3 - 10	\$705	N/A	\$1,000
<input type="checkbox"/>	Summer #3	July 20 - August 3	\$1,225	\$1,575	\$1,775	<input type="checkbox"/>	Klezkamp #4B	August 10 - 17	\$720	N/A	\$1,040
<input type="checkbox"/>	Summer #4	August 3 - 17	\$1,225	\$1,575	\$1,775	<input type="checkbox"/>	Summer #5A	August 17 - 29	\$1,035	N/A	\$1,355
<input type="checkbox"/>	Summer #5	August 17 - 31	\$1,185	\$1,535	\$1,555	<input type="checkbox"/>	Family Weekend	September 2 - 5	\$330	\$400	\$410

A \$100 per person, per session deposit is required with application.

**Bus transportation is included in the above rates. No refunds will be made to participants who drive their own cars directly to the Center. I will meet the bus at:**

- Boro Park Y  Kings Bay Y  Educational Alliance  Inwood Y  Central Queens Y  Riverdale Y  
 92nd St Y  Rockland County  Shorefront Y  Newark Airport  Samuel Field Y  
 Self-Help Brooklyn  Self-Help Queens  Five Towns Y (Sessions 2 & 3)  I Will Drive My Car

For Office Use: Record # \_\_\_\_\_ Room # \_\_\_\_\_ Processed Date \_\_\_\_\_  
 Check # \_\_\_\_\_ Deposit: \$ \_\_\_\_\_ Transport \_\_\_\_\_  
 Scholarship \_\_\_\_\_ Center \_\_\_\_\_ Misc. 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. For all holiday and short programs, the fees do not include gratuities. Tipping is customary for good service. A tipping guideline will be sent to you with your travel information. For all summer sessions, tipping is optional. If you wish to give gratuities, please do so at your own discretion.
3. Round trip transportation from one of the bus stops listed on the front of this form is included in the fee. A minimum of eight passengers is required per bus stop or that bus stop may not 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. activities including, but not limited to, exhibits, performances, and television, video, radio, and transcribed programs, in each case without compensation, and the Associated Camps and the United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc., 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 charitable purposes, without being compensated.
6. Fees are set by the Camps' administration and Board of Directors. Participants who cannot afford the published tuition may request financial assistance and must complete a scholarship form. Assistance will be given based upon total annual income and expenses.
7. **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.
8. **Balance of payment is due according to the following schedule:**  
Passover: **Balance is due in full with application.**  
Summer Sessions and Short Programs: **Balance is due May 1, 2011**  
September Family Program: **Balance is due July 1, 2011**  
Payments made more than 14 days beyond the final due date will incur a \$25 Late fee per session per person.
9. **Cancellation Policy:** Once your deposit check is cashed, there will be a non-refundable processing fee of **at least \$75 per session 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.

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  
**Phone: 973-276-3233 or 800-400-1924**

Please make checks payable to Associated Camps, Inc. or to pay by credit card, complete the following:

VISA       Mastercard       American Express       Discover

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV2 Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Amount to Charge: \$ \_\_\_\_\_