

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 2010

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 2010						Holiday and Short Programs 2010					
✓	Session	Dates	Double	Super. Double	Single	✓	Session	Dates	Double	Super. Double	Single
<input type="checkbox"/>	Summer #1	June 16 - 29	\$960	\$1,260	\$1,245	<input type="checkbox"/>	Passover	March 29 - April 7	\$1,375	\$1,830	\$1,975
<input type="checkbox"/>	Summer #1A	June 20 - 29	\$735	\$950	\$975	<input type="checkbox"/>	Shavuos	May 18 - 21	\$475	\$550	\$610
<input type="checkbox"/>	Summer #2	July 7 - 21	\$1,205	\$1,540	\$1,730	<input type="checkbox"/>	HAZAK Week	June 30 - July 7	\$755	\$940	\$965
<input type="checkbox"/>	Summer #3	July 21 - Aug. 4	\$1,205	\$1,540	\$1,730	<input type="checkbox"/>	Klezkamp 2A	July 7 - 14	\$705	N/A	\$1,000
<input type="checkbox"/>	Summer #4	August 4 - 18	\$1,205	\$1,540	\$1,730	<input type="checkbox"/>	Mystical Journeys 2B	July 14 - 21	\$705	N/A	\$1,000
<input type="checkbox"/>	Summer #5	Aug. 18 - Sept. 1	\$1,165	\$1,500	\$1,515	<input type="checkbox"/>	Sukkos	Sept. 22 - 28	\$990	\$1,150	\$1,230
<input type="checkbox"/>	Summer #5A	August 18 - 30	\$995	N/A	\$1,290	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 3 & 4) 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 and Shavuot: **Balance is due February 1, 2010**
Summer Sessions and Short Programs: **Balance is due May 1, 2010**
September Holiday Programs: **Balance is due July 1, 2010**
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: \$ _____