

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

Florida Application - 2010

Summer Address
 Block & Hexter
 31 Barry Watson Way
 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.

<input type="checkbox"/>	Trip#	Dates	Days	Double pp	Superior Double	Single
<input type="checkbox"/>	A	June 30 - July 21	22	\$2,410	\$2,930	\$3,145
<input type="checkbox"/>	B	June 30 - August 4	36	\$3,615	\$4,470	\$4,875
<input type="checkbox"/>	C	June 30 - August 18	50	\$4,820	\$6,010	\$6,605
<input type="checkbox"/>	D	June 30 - September 1	64	\$5,985	\$7,510	\$8,120
<input type="checkbox"/>	E	July 7 - July 21	15	\$1,655	\$1,990	\$2,180
<input type="checkbox"/>	F	July 7 - August 4	29	\$2,860	\$3,530	\$3,910
<input type="checkbox"/>	G	July 7 - August 18	43	\$4,065	\$5,070	\$5,640
<input type="checkbox"/>	H	July 7 - September 1	57	\$5,230	\$6,570	\$7,155
<input type="checkbox"/>	I	July 21 - August 4	15	\$1,655	\$1,990	\$2,180
<input type="checkbox"/>	J	July 21 - August 18	29	\$2,860	\$3,530	\$3,910
<input type="checkbox"/>	K	July 21 - September 1	43	\$4,025	\$5,030	\$5,425
<input type="checkbox"/>	L	August 4 - August 18	15	\$1,655	\$1,990	\$2,180
<input type="checkbox"/>	M	August 4 - September 1	29	\$2,820	\$3,490	\$3,695
<input type="checkbox"/>	N	August 18 - September 1	15	\$1,615	\$1,950	\$1,965
<input type="checkbox"/>	Passover	March 29 - April 7	10	1,825	\$2,280	\$2,425

For More Information Call: 1-800-400-1924

PLEASE NOTE: The above prices include door-to-door transportation and round-trip airfare. (See Terms of Enrollment for further details.) Participants who wish to make their own flight or direct travel arrangements must notify the NJ office prior to doing so. Please indicate below if you **DO NOT** wish to use our flight package, and you will receive a transportation credit of \$375 per person on your bill.

- I will be making my own flight arrangements and meeting the group at Newark Airport.
- I will be using my own transportation directly to the Block Vacation Center.
- I will be making my own flight arrangements and meeting the bus at: _____

For Office Use Only:		
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 Passover, 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 door-to-door ground and air transportation from the Fort Lauderdale Airport or the West Palm Beach Airport and charter coach from the Newark International Airport, NJ directly to the Block Center is included in the fee. Door-To-Door service is only available if the entire package is taken. We cannot provide Florida ground transportation for individuals who arrange their own flights or who travel on departure dates other than those specified on this form. No refunds will be made to participants who use their own ground 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. Reservation deposit per person according to the following schedule must accompany the application.

DEPOSIT SCHEDULE

Trip A - \$100 Trip B - \$200 Trip C - \$300 Trip D - \$400 Trip E - \$100 Trip F - \$200 Trip G - \$300 Trip H - \$400
Trip I - \$100 Trip J - \$200 Trip K - \$300 Trip L - \$100 Trip M - \$200 Trip N - \$100 Passover \$100

MAKE DEPOSIT CHECKS PAYABLE TO: **ASSOCIATED CAMPS, INC.**

7. Balances are due no later than 90 days prior to your scheduled vacation. A late payment fee of \$25 per each two week session per person will be imposed for unpaid balances more than 14 days late.
8. 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.
9. **Cancellation Policy:** Once your deposit check is cashed, there will be a non-refundable processing fee of **at least \$75** per two-week 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 two-week session per person. All cancellations, including medical, made in the last week before vacation are subject to a \$150 fee per two-week session per person.** Cancellations must be in writing. There are no reductions for late arrivals, early departures, or "no shows" - regardless of reason.
Important Notice Regarding Airline Tickets And Cancellations: Your airline tickets are non-refundable once they are issued by the airline. Tickets will be issued 90 days prior to your scheduled departure. If you cancel your trip within 90 days of departure, you will not receive a refund of the cost of the airline ticket. We will however, send you the ticket for future use. The ticket must be rebooked for a new travel date no later than midnight of the original travel date. **All changes in travel dates after tickets are issued are subject to a change fee of at least \$150 as imposed by the airline. Due to the uncertainty of future airline prices, we reserve the right to add a surcharge should prices increase beyond budgeted amounts. The cost of checked baggage shall be the responsibility of the participant and must be paid for at check-in.**
10. Participants who do not belong to a Jewish Community Center or YM-YWHA must pay a **non-refundable \$35 registration processing fee**. This check will be collected by the sponsoring agency (the one providing your ground transport) and is to be made payable directly to the JCC.

Signature 1: _____ Today's Date: _____

Signature 2: _____ Today's Date: _____

I am a member of: Michael-Ann Russell JCC Miami Beach Senior Center

I belong to _____ JCC

Non-members must enclose a \$35 non-refundable processing fee, payable directly to the appropriate center. If you are a member of a JCC, please include a copy of your membership card.

Please send completed application to:

Associated Camps, Inc., 271 Route 46 Unit A-109, Fairfield, NJ 07004
Phone: 973-276-3233 or 800-400-1924 Web site: www.bhvc.org

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: _____