

**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 29 - July 6, 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 \_\_\_\_\_

Which synagogue are you a member of? \_\_\_\_\_

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

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

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

**Please Note: All rates are listed per person. The Superior rooms are available as double occupancy only. A \$100 per person deposit is required with application.**

✓	Session	**Superior Dbl	Double	Single
<input type="checkbox"/>	Metropolitan NY	\$970	\$775	\$995
<input type="checkbox"/>	New Jersey	\$970	\$775	\$995
<input type="checkbox"/>	Meeting at Newark Airport	\$970*	\$775*	\$995*
<input type="checkbox"/>	Connecticut Valley & Upstate, NY	\$1,005	\$810	\$1,045
<input type="checkbox"/>	Maryland, D.C., & Virginia	\$1,005	\$810	\$1,045
<input type="checkbox"/>	Philadelphia and Suburbs	\$1,005	\$810	\$1,045
<input type="checkbox"/>	Massachusetts	\$1,055	\$860	\$1,095

**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 guarantee a for 2011, a \$100 deposit per person, is required.
2. Early Bird Discount Amounts: Balances paid in full by December 31, 2010 will receive a discount of \$20 per person. Accounts not paid in full by December 31, 2010 will not receive a discount.
4. Persons not paid in full by December 31, 2010 will be re-billed at the 2011 rate as quoted on the front of this registration form. The due date for non-early bird payments is May 1, 2011. Payments made more than 14 days beyond the final due date will incur a \$25 late fee per session per person.
5. We reserve the right to change the rooms of anyone not paid in full by December 31, 2010.
6. **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**