

*Application for Registration • June 25- August 17, 2018 • Monday-Thursday 9:00-4:00, Friday 9:00-2:00*

### FAMILY

Family Name: \_\_\_\_\_ Home Address: \_\_\_\_\_ Nearest Cross Street \_\_\_\_\_  
FOR BUS TRANSPORTATION ONLY

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Please Circle \_\_\_\_\_

Please check responsible party, if applicable

Father: (circle: Rabbi, Dr., Mr.) \_\_\_\_\_ Bus. Tel.: \_\_\_\_\_ Cell# & Carrier: (Verizon/Att etc.) \_\_\_\_\_ Email: \_\_\_\_\_ Text Notification On  Off  Please Circle

Mother: (circle: Dr., Mrs.) \_\_\_\_\_ Bus. Tel.: \_\_\_\_\_ Cell# & Carrier: (Verizon/Att etc.) \_\_\_\_\_ Email: \_\_\_\_\_ Text Notification On  Off  Please Circle

### CAMPER REGISTRATION

First Name	Birth Date	Gr. Entering	Yeshiva	B/G	Bunk Friend Request	Shirt Size	Circle weeks attending, if none indicated, 6/25 will be wk. 1.								Fee Calculator (amounts from Fee Schedule)					
							6/25	7/2	7/9	7/16	7/23	7/30	8/6	8/13	Lunch	Bus	# Wks	Fee	Lunch	Bus
1.							1	2	3	4	5	6	7	8	<input type="checkbox"/>	<input type="checkbox"/>				
2.							1	2	3	4	5	6	7	8	<input type="checkbox"/>	<input type="checkbox"/>				
3.							1	2	3	4	5	6	7	8	<input type="checkbox"/>	<input type="checkbox"/>				
4.							1	2	3	4	5	6	7	8	<input type="checkbox"/>	<input type="checkbox"/>				

### PROGRAM PARTICIPATION AUTHORIZATION and EMERGENCY CONTACT INFORMATION

*I give my child(ren) listed above permission to fully participate in all Camp Regesh activities including promotional photos and videos on and/or off campus.*

Less Discounts \_\_\_\_\_

Total Fees \$ \_\_\_\_\_

Emergency Contact (other than parent): Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Credit Card Information

Dr.: \_\_\_\_\_ Phone: \_\_\_\_\_

Visa / MasterCard / American Express (circle)

*In the event I cannot be reached, and in case of Medical Emergency, I hereby authorize the physician selected by Camp Regesh to secure complete and proper treatment for my child.*

Card # \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

### PAYMENT PROCEDURE

**Bonus Pre-registration Special: Early Bird and Lunch Bonus—Payment in full prior to November 4, 2017.**

Early Bird applications must be received **prior to January 10, 2018** and must include Early Bird Discount Coupon (enclosed), a non-refundable deposit of \$400/child and 2 checks or credit card authorization each for ½ of the balance due dated 3/1 and 5/1, 2018.

Full Registrations must include a non-refundable deposit of \$400/child plus post dated payment in full prior to 5/1/2018.

**Changes in schedule of Registered Weeks after April 15 if available, will incur a \$25 change fee. All changes to weeks must be submitted by the Wednesday prior to the adjusted week.**

The First Extension after 4/1/18 will be adjusted to the above discounted multi-week rate. Additional extensions will be charged the published rate for the number of weeks added to the camper's schedule.

**All funds minus deposit are refundable until 4/1/2018.** Cancellations or reduction of registered weeks after 4/1/2018 and before 6/1/2018 are subject to a 50% refund rate of all applicable fees and are payable after 10/25/2018. Cancellations or reductions made after June 1<sup>st</sup> are **non-refundable**. This form is a binding and legal contract. All legal expenses associated with collection of contracted fees will be the responsibility of the signatory above.

**Returned Check Fee: \$25. Declined Credit Card Processing Fee \$10.**

Camp Registrations/weeks are not transferable to other families. Credit cannot be issued for days missed or days closed regardless of circumstance.

Camper Registration weeks are Monday – Friday. Camp will be closed on Wednesday, July 4, 2018.

Please send completed application to:

**CAMP REGESH, INC.**

1 Sharp Plaza, Suite 203

Mahwah, NJ 07495

TEL. 845-357-9423 • FAX. 845-503-2355

[info@regeshonline.com](mailto:info@regeshonline.com)