

# COMPLETE THIS FORM & RETURN TO THE NAC - 1 FORM PER CAMPER

Camper's name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Camper is currently a Member of the NAC: Yes \_\_\_\_\_ No \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Method of Payment: Check# \_\_\_\_\_

Cash \_\_\_\_\_ NAC \_\_\_\_\_ Visa \_\_\_\_\_ M/C \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_ Charge Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

## ADDITIONAL OPTIONS:

- Extended Care AM Only: Begins at 7:30 am ..... \$10 @ hr.
- Extended Care PM Only: 3pm up to 6:30 pm .....\$10 @ hr.

= Place an "X" in box for each camp week selected  
  = Fill in circle to add lunch package (\$35 per week)

Circle Numbers 1 or 2 if you want extended care as listed above.

<input type="checkbox"/>	<input type="radio"/>	<b>Start Up Camp: June 16 - 20*</b>	1	2
<input type="checkbox"/>	<input type="radio"/>	June 23 - June 27	1	2
<input type="checkbox"/>	<input type="radio"/>	June 30 - July 3**	1	2
<input type="checkbox"/>	<input type="radio"/>	July 7 - July 11	1	2
<input type="checkbox"/>	<input type="radio"/>	July 14 - July 18	1	2
<input type="checkbox"/>	<input type="radio"/>	July 21 - July 25	1	2
<input type="checkbox"/>	<input type="radio"/>	July 28 - Aug 1	1	2
<input type="checkbox"/>	<input type="radio"/>	Aug 4 - Aug 8	1	2
<input type="checkbox"/>	<input type="radio"/>	Aug 11 - Aug 15	1	2

\* Start Up Camp is a Non-Program Camp - cost is \$295 per week  
 \*\* There will be a \$50 discount during this week due to the July 4th Holiday.

**PLEASE NOTE: ALL NEW CAMPERS AND A CAREGIVER MUST MEET WITH MARGIE HUGHES BEFORE THEY MAY REGISTER FOR CAMP SOMETHING SPECIAL**

**Cancellation Policy: No refunds after June 1st 2008. Refunds and Credits prior to June 1st will be less the \$100 non-refundable deposit per camp and/or camper. Refunds will only be given with a physician's note, otherwise a credit slip will be given.**

No refunds after June 1, 2008. Participant expressly agrees on his/her behalf that all use of the club shall be undertaken at his/her sole risk, & that the Club's owners, managers & employees shall not be liable for any damages or injuries to any member or guest, or be subject to any claim or demand whatsoever. Each participant assumes responsibility him or herself & on behalf of his/her executors, administrators and assigns, does fully & forever waive, release & discharge the Club's owners, managers, employees & agents from any & all claims, demands, damages, rights of action or causes of action, present or future whether the same be known or unknowns, anticipated, or unanticipated, resulting from, or arising out of, the Member or his/her guest, or his/her minor children's use or intended use of the Club's facilities & equipment. I consent to pictures being taken of the Participant and understand that any such pictures will become property of the Club. They may be used without payment of fees or other compensation to Participant.

★ **I have read and understand both the cancellation policy and the photo policy. Parent Initials: \_\_\_\_\_**

## EARLY BIRD SAVINGS!

*Camp weeks must be consecutive.*

★ **Pay in full by 3/1/08:  
Take 20% off your total!**

★ **Pay in full by 4/15/08:  
Take 10% off your total!**

**All balances are due by 6/1/08.**

## COST WORKSHEET - PER CHILD:

Individual Week of Camp: \$445 x \_\_\_\_\_ = \$ \_\_\_\_\_

Week of Half-Day Camp: \$175 x \_\_\_\_\_ = \$ \_\_\_\_\_

### ADDITIONAL OPTIONS:

Weeks of 5 lunches \_\_\_\_\_ x \$35 @ week = \$ \_\_\_\_\_

Days of extend care AM \_\_\_\_\_ x \$10 @ hr = \$ \_\_\_\_\_

Days of extend care PM \_\_\_\_\_ x \$10 @ hr = \$ \_\_\_\_\_

Non-Refundable Deposit: \$100 **PER WEEK** \$ \_\_\_\_\_

Registration Fee (\$35 per camper) \$ \_\_\_\_\_

★ FINANCIAL ASSISTANCE AVAILABLE! ★ **Total: \$ \_\_\_\_\_**

**Balance due by June 1st, 2008. Please make check payable to: Newtown Athletic Club and mail to: NAC PAC: 209 Penns Trail - Newtown, Pa 18940 ATTN: Program Desk**

You will receive a confirmation letter from the NAC, this confirmation letter is your receipt and bill for additional payments. This letter will have our tax id on it for your records. Once you have registered for Camp Something Special you will receive your confirmation along with a medical questionnaire to be completed by your physician. These forms need to be returned at least two weeks prior to starting camp.

Office Use Only: Date \_\_\_\_\_ BP \_\_\_\_\_ ML \_\_\_\_\_ CL \_\_\_\_\_

(215) 968-0600 x 12 www.newtownathletic.com