



GREAT HOLLOW CAMPS
 225 Route 37, New Fairfield, CT 06812
 (203) 746-5852 / Fax (203) 746-1232
 www.greathollow.org

Participant's Name _____
First Last
 (Participant must be at least 5 years old) Date of Birth ____/____/____ Age: ____ Sex: ____

PLEASE CHECK WHICH CAMP AND WEEKS YOU ARE ATTENDING

Young Adventurers Camp (Ages 8-10) June 30–August 1 (8:00 a.m.-5:00 p.m.) \$300 per week

Week 1 6/30-7/3 (4 days \$240) Week 3 7/14-7/18 Week 5 7/28-8/1
 Week 2 7/7-7/11 Week 4 7/21-7/25

T.E.A.M. Survivor Camp (Ages 11-13) June 30–August 1 (8:00 a.m.-5:00 p.m.) \$300 per week

Week 1 6/30-7/3 (4 days \$240) Week 3 7/14-7/18 Week 5 7/28-8/1
 Week 2 7/7-7/11 Week 4 7/21-7/25

Nature's Chorus – Riversong (Ages 5-7) July 7–August 1 (9:00 a.m.-1:00 p.m.) \$150 per week

Week 1 7/7-7/11 Week 3 7/21-7/25 Extended Care AM Only
 8:00-9:00 a.m. \$25 per week
 Week 2 7/14-7/18 Week 4 7/28-8/1

Nature's Chorus – Evergreen (Ages 8-15) July 7 – August 8 (9:00 a.m.-4:00 p.m.) \$275 per week

Week 1 7/7-7/11 Week 3 7/21-7/25 Week 5 8/4-8/8 Overnight \$30
 *Natural Awareness *Lives of Plants & Animals *People in Nature
 Week 2 7/14-7/18 Week 4 7/28-8/1 Overnight \$30 Extended Care
 *Wetlands *Ancient Crafts & Skills 8:00-9:00 a.m. \$25 per week
 4:00-5:00 p.m. \$25 per week

Teen Programs (Ages 13-16)

Naturalist in Training Program – June 30–July 3 \$400
 Whitewater Kayaking – July 21–July 25 \$650
 Whitewater Kayaking – July 28–August 1 \$650

Please complete application on reverse side

Participant's Name _____
First Last

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Employer: _____ Work Phone: _____

Father's Name: _____ Employer: _____ Work Phone: _____

E-Mail: _____

Alternate Emergency Contacts (other than parents):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Are there any special diet or health requirements? _____

Returned checks will be subject to a \$30 service charge. I agree and understand that a refund will be granted if the Y is notified ten (10) days prior to the camp week for which my child is registered. I further understand that any changes resulting in a credit or refund will result in a \$15 service charge.

Signature of Parent/Guardian _____ Date _____ Receipt # _____

How did you hear about our camp? _____

***ALL CAMP ACTIVITIES SUBJECT TO WEATHER, STAFFING & OTHER CONDITIONS.
CAMP IS HELD RAIN OR SHINE!***

Child's Name: _____ Parent's Name: _____

CHECK ONE: Check Visa MasterCard American Express

CARD NUMBER: _____ Expiration Date: _____

PLEASE FILL OUT THE TABLE BELOW - ONLY IF YOU NEED TO POST-DATE YOUR PAYMENT

Weeks		Dated	Total	Check #	Date Deposit
2 & 3	\$	June 26, 2008			
4 & 5	\$	July 17, 2008			

Changes /Comments: _____

Signature (if charge): _____