

The Camp
at Nashoba
Valley Ski Area
Westford, MA



2010

2010

Session 1	June 21 - July 2	\$800
Session 2	July 5 - July 16	\$800
Session 3	July 17 - July 30	\$800
Session 4	Aug. 2 - Aug. 13	\$800

Discount Prices

- ½ Session (1 week) - \$475
- 1 Session (2 weeks) - \$800
- 2 Sessions (4 weeks) - \$1500
- 3 Sessions (6 weeks) - \$2145
- 4 Sessions (8 weeks) - \$2660

A 10% discount will be given to each additional child registering from the same family.

Payment Policy: A \$100.00 deposit is required per session. The remaining balance is due two weeks prior to the start of your session. The deposit is not refundable or transferable.

Medical Records are required a minimum of 2 weeks prior to the start of camp.

The Director reserves the right to withdraw any camper whose influence or actions are deemed harmful or who will not abide by the rules and policies of camp. No return of fee, or any part thereof, will be made.

Camp Hours: 9:00 am - 3:30 pm

Ages: 4 - 14 years old

Lunch Policy: Campers may choose to have a cold lunch provided by The Camp at a cost of \$30.00 per week. If campers prefer to bring their own lunch, The Camp will provide refrigeration.

Extended Day Program

Before and/or after camp care is available under the supervision of our staff.

Early Dropoff 8:00am-9:00am \$8.00 / day

Late Pickup 3:30pm-5:00pm \$12.00 / day

Special Accommodations: Please describe any special accommodations the camper may need below.

Registration Form

Camper's Name _____ DOB _____ Age _____ Sex _____
 Parent's Name _____ Address _____
 Town _____ Zip _____ Telephone # _____
 School Grade Completed by June 2010 _____ E-mail: _____
Two Emergency Contacts: Name _____ Phone # _____
 Name _____ Phone # _____
 Special Accommodations: _____
 Permission is given to use pictures in which my child may appear. Signature _____
 Are you new to The Camp? _____ Yes _____ No _____
 How did you hear about us? _____

Please check Session (s):

- | | |
|---|---|
| <input type="checkbox"/> Session 1: June 21 – July 2 | Number of Sessions _____ (see above) = \$ _____ |
| <input type="checkbox"/> Session 2: July 5 – July 16 | 1 Week Session _____ (+ \$475.00) = \$ _____ |
| <input type="checkbox"/> Session 3: July 19 – July 30 | Extended AM(# days) _____ (x \$8 per day) = \$ _____ |
| <input type="checkbox"/> Session 4: Aug 2 – Aug 13 | Extended PM(# days) _____ (x \$12 per day) = \$ _____ |

This camp must comply with regulations of the Massachusetts Department of Public Health (105 CMR 430.000), and be licensed by the Westford Board of Health, Information on 105 CMR 430.000 can be obtained at (617) 983-6716.

Total Due = \$ _____
 - Deposit Enclosed \$ _____
 Amount Outstanding \$ _____