

CAMP SNOWBALL REGISTRATION

NOVEMBER 18-20, 2016 AND MARCH 17-19, 2017
FOR CAMPERS AGES 8-55

COST: \$300.00
(includes recreation fees)

FULL PAYMENT IS DUE WITH YOUR REGISTRATION FORM

- * **REFUNDS** will be given only in unusual circumstances involving a medical reason or a family emergency. All refunds and requested transfers are subject to a \$40.00 administrative fee.
- * REFUNDS WILL NOT BE GIVEN IF WE CANNOT ACCOMMODATE A CAMPER WHO LACKS THE APPROPRIATE PAPERWORK UPON REGISTRATION.
- * *Your check should be made payable to:*
Warwick Conference Center, Inc.
- * MAIL REGISTRATION, HEALTH FORMS & PAYMENT TO: **CAMP SNOWBALL**
Warwick Conference Center
P.O. Box 349
Warwick, NY 10990



NOTE: *Your registration cannot be processed unless it is accompanied by your Notarized Health Record, Immunization Record, Health Insurance Cards, Camper Information Sheet and FULL PAYMENT.*

*Limited access for wheelchairs and for individuals who cannot negotiate stairs. Group homes are welcome; however, we are able to accommodate only **FOUR CLIENTS** per group home per session.*

2016/2017 CAMP SNOWBALL CAMPER REGISTRATION FORM

Please indicate the **number of weekends** that you would like to be enrolled: _____
Please indicate below your weekend preference by 1st and 2nd choice:

___ November 18-20, 2016

___ March 17-19, 2017

Camper's Name

Camper's D.O.B. _____
Camper's Age

Male Female

Camper's Mailing Address (where camp material should be mailed)

Whom should we contact concerning this registration?

City, State, Zip

Name

Name of Agency paying for camp weekend, if applicable

Address

Agency Telephone Number

Telephone Number AND Email Address

MAIL ALL REGISTRATION MATERIALS AND PAYMENT TO: CAMP REGISTRAR
CAMP SNOWBALL at WARWICK CONFERENCE CENTER
P. O. BOX 349, WARWICK, NY 10990