



DEAR 2009 Registration Form 9/2009

October 22 to 25, 2009

Applicant Information – Please completely fill out one form per person/child.

Full Name: _____ **Date:** _____
 First Last Gender M/F

Address: _____
 Street/Mailing Address () City State ZIP
 TTY Voice Video Fax

_____ TTY Voice Video Fax
 Email Address Phone

Registration Fee * Answer all questions – NO refund if cancelled after October 9, 2009

Applicant Age: Check one
 Child (up to 5 years of age) **FREE** – no charge for registration, lodging or meals.
 Youth (6 years to 12 years)
 Teen (13 years to 20 years)
 Adult (21 years to 61 years)
 Senior (62 years and above) – Registration fee is waived for all senior citizens who are 62 or above.
 Student (with current school ID) – Registration fee is waived for all active students with current school IDs.

Fee per Day: Check one
 Waived for Child, Senior or Student
 \$3.00 Until Monday, October 5, 2009 *
 \$5.00 From Tuesday, October 6, 2009 to Saturday, October 24, 2009

#A. Days: Check all the days you plan to stay
 Thursday Friday Sabbath
Note: Registration is required for one-day visitors on Sabbath. No registration fee is charged for Sunday.

Lodging – Check all the nights you plan to stay

Thursday night 10/22/09 Friday night 10/23/09 Saturday night 10/24/09

#B. Lodging: (Max. 12/cabin)
 Cabin Lodging = \$20.25/person/night Tent = \$5.00/person/night Recreational Vehicle with electricity but no sewer or water hookup = \$20.00/night Motel = \$61.50/night

Meals – Check all the meals you want to eat – NO refund if cancelled after October 10, 2009

#C. Meals: Please pick the meal(s) you would like to eat at Camp Blue Ridge. Each meal costs \$5.00.

Meal Style:	Please select one as your choice of meal style you would like to eat at Camp Blue Ridge.				Breakfast	Lunch	Supper
	<input type="checkbox"/> Vegan – no eggs, cheese or dairy						
<input type="checkbox"/> Vegetarian – some eggs, cheese and dairy							

	Thursday	Friday	Sabbath	Sunday
Breakfast	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	n/a	<input type="checkbox"/>	<input type="checkbox"/>	n/a
Supper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a

How much to pay? (Total pre-filled if you are staying 3 nights & pay before 10/5/09 *)

Count number of days (A), nights (B) and meals (C) from above	Cost for 1 person	Total cost of each item
#A Registration # of days? Thursday Friday Sabbath	x \$3.00 * or \$5.00	= \$ \$9.00
#B Lodging # of nights? Thursday Friday Sabbath	x \$20.25 (Cabin)	= \$ \$60.75
#C Meals # of meals? TSupper FB FL FS SB SL SS SBreakfast	x \$5.00	= \$ \$40.00
FULL TOTAL:		= \$ \$109.75

Please make your check or money order payable to "DEAF" and write in memo "DEAR 2009"

Mail form with payment: * NOTE:

To: DEAF
 DEAR Committee
 PO Box 52
 Glenn Dale, MD 20769

* You must pay the above amount in full which must be **POSTMARKED** no later than **Monday, October 5, 2009** to take advantage of the \$3.00 daily registration fee. Beginning October 6, the daily registration fee will increase to \$5.00.