



DEAR 2010 Registration Form 8/2010

October 21 to 24, 2010

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 Email
Email Address Phone

Registration Fee * Answer all questions – NO refund if cancelled after October 6, 2010

Applicant Age: **Child** (up to 5 years of age) **FREE** – no charge for registration, lodging or meals.
 Check one

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: **Waived** for Child, Senior or Student
 Check one

\$3.00 per person per day except Sunday.

#A. Days: Thursday Friday Sabbath
 Check all the days you plan to stay

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

#B. Lodging: (Max. 12 per cabin)

Thursday night 10/21/10 Friday night 10/22/10 Saturday night 10/23/10

Cabin Lodging = \$17.00/person/night Tent = \$5.00/person/night Recreational Vehicle with electricity but no sewer or water hookup = \$25.00/night Motel = \$61.50/night

Meals – Check all the meals you want to eat – NO meals refund if cancelled after October 6, 2010

#C. Meals: Please pick the meal(s) you would like to eat at Camp Blue Ridge. Each meal costs \$7.50 except Thursday Supper. The Thursday Supper is **FREE**. Be sure to check Thursday Supper box if you are going to attend in order to provide enough haystack for everyone.

Meal Style:
 Please select one as your choice of meal style you would like to eat at Camp Blue Ridge.

Vegan – no eggs, cheese or dairy

Vegetarian – some eggs, cheese and dairy

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

How much to pay? (Total pre-filled if you are staying 3 nights & pay before 10/6/10)

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	= \$ 9.00
#B Lodging # of nights? Thursday Friday Sabbath	x \$17.00 (Cabin)	= \$ 51.00
#C Meals # of meals? FBreakfast FL FS SB SL SS SBreakfast	x \$7.50	= \$ 52.50
FULL TOTAL:		= \$ 112.50

Mail form with payment: ** NOTE **

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

Please make your check or money order payable to "DEAF" and write in memo "DEAR 2010" You must pay the above amount in full which must be **POSTMARKED** no later than **Wednesday, October 6, 2010.**