



DEAR 2011 Registration Form 6/2011

October 27 to 30, 2011

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

Email Address Phone

TTY Voice Video Fax Email

Registration * Answer all questions – NO refund if cancelled after October 13, 2011

Applicant Age: **Child** (up to 5 years of age) **FREE** – no charge for 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)

#A. Days: Thursday Friday Sabbath
 Check all the days you plan to stay **Note:** The purpose for registration is for statistics only.

Lodging – Check all the nights you plan to stay

Thursday night 10/27/11 Friday night 10/28/11 Saturday night 10/29/11

#B. Lodging: (Max. 12 per cabin)
 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 = \$64.50/night

Meals – Check all the meals you want to eat – NO meals refund if cancelled after October 13, 2011

#C. Meals: Please pick the meal(s) you would like to eat at Camp Blue Ridge. Each meal costs \$7.00.

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

How much to pay? (Total pre-filled if you are staying 3 nights & pay before 10/13/11)

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	1	= # 3 days
#B Lodging # of nights? Thursday Friday Sabbath	x \$17.00 (Cabin)	= \$ \$51.00
#C Meals # of meals? TSupper FB FL FS SB SL SS SBreakfast	x \$7.00	= \$ \$56.00
FULL TOTAL:		= \$ \$107.00

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 2011" You must pay the above amount in full which must be **POSTMARKED** no later than **Thursday, October 13, 2011.**