

Winter Address
 Associated Camps, Inc.
 271 Route 46 Unit A-109
 Fairfield, NJ 07004
 (973) 276-3233 or
 (800) 400-1924

Associated Camps, Inc.

Block and Hexter Vacation Center

Florida Application - 2008

Summer Address
 Block & Hexter
 31 Barry Watson Way
 Box 76, Route 370
 Poyntelle, PA 18454
 (570)448-2108

Name _____ Date of Birth _____ Sex _____
LAST NAME FIRST NAME MALE/FEMALE

Name _____ Date of Birth _____ Sex _____
LAST NAME FIRST NAME MALE/FEMALE

Marital Status: Married Single Widowed Divorced

Address _____ Apt # _____
NUMBER AND STREET

City _____ State _____ Zip _____

Home Phone () _____ E-mail _____

Physician _____ Phone () _____

Person To Be Notified In Case Of An Emergency:

Name _____ Phone () _____ Relation _____

Address _____ City _____ State _____ Zip _____
NUMBER AND STREET

Do you have difficulty walking and require special housing ? Yes No Explain _____

Any Medical Problems? _____

Roommate Choice _____ Room Request _____

Are you a first time guest? Yes No If no, how many times have you been at Block _____

| <input type="checkbox"/> | Trip# | Dates | Days | Double | Superior Double | Single |
|--------------------------|----------|-------------------|------|---------|-----------------|---------|
| <input type="checkbox"/> | A | June 19 - July 2 | 14 | \$1,295 | \$1,570 | \$1,580 |
| <input type="checkbox"/> | B | June 19 - July 16 | 28 | \$2,380 | \$2,955 | \$3,175 |
| <input type="checkbox"/> | C | June 19 - 30 | 42 | \$3,465 | \$4,340 | \$4,770 |
| <input type="checkbox"/> | D | June 19 - Aug 13 | 56 | \$4,550 | \$5,725 | \$6,365 |
| <input type="checkbox"/> | E | June 19 - Aug 27 | 70 | \$5,585 | \$7,060 | \$7,730 |
| <input type="checkbox"/> | F | July 2 - July 16 | 15 | \$1,515 | \$1,815 | \$2,025 |
| <input type="checkbox"/> | G | July 2 - 30 | 29 | \$2,600 | \$3,200 | \$3,620 |
| <input type="checkbox"/> | H | July 2 - Aug 13 | 43 | \$3,685 | \$4,585 | \$5,215 |
| <input type="checkbox"/> | I | July 2 - Aug 27 | 57 | \$4,720 | \$5,920 | \$6,580 |
| <input type="checkbox"/> | J | July 16 - 30 | 15 | \$1,515 | \$1,815 | \$2,025 |
| <input type="checkbox"/> | K | July 16 - Aug 13 | 29 | \$2,600 | \$3,200 | \$3,620 |
| <input type="checkbox"/> | L | July 16 - Aug 27 | 43 | \$3,635 | \$4,535 | \$4,985 |
| <input type="checkbox"/> | M | July 30 - Aug 13 | 15 | \$1,515 | \$1,815 | \$2,025 |
| <input type="checkbox"/> | N | July 30 - Aug 27 | 29 | \$2,550 | \$3,150 | \$3,390 |
| <input type="checkbox"/> | O | August 13 - 27 | 15 | \$1,465 | \$1,765 | \$1,795 |
| <input type="checkbox"/> | Passover | April 18 - 28 | 11 | \$1,700 | \$2,120 | \$2,255 |

PLEASE NOTE: The above prices include door-to-door transportation and round-trip airfare. (See Terms of Enrollment for further details.) Participants who wish to make their own flight or direct travel arrangements must notify the Block office prior to doing so. Please indicate below if you **DO NOT** wish to use our flight package, and you will receive a transportation credit of \$350 per person on your bill.

- I will be making my own flight arrangements and meeting the group at Newark Airport.
- I will be using my own transportation directly to the Block Vacation Center.
- I will make my own flight arrangements and meet the bus in New York at: _____

For Office Use Only:

Record # _____ Room # _____ Processed Date _____ Check # _____

Deposit Amount \$ _____ Transport _____ Center _____ Scholarship _____

PLEASE TURN OVER FOR TERMS OF ENROLLMENT AND YOUR SIGNATURE

TERMS OF ENROLLMENT

1. Fees include food, lodging, linens, blankets, and towels. Medical services beyond those routine supports provided by the resident medical staff must be covered by participant's own insurance.
2. For all Summer sessions, tipping is optional, please do so at your own discretion. Holiday program fees do not include gratuities. A suggested tipping guide will be sent to you with your transportation mailing ten days before your scheduled departure.
3. Round trip door-to-door ground and air transportation from either the Fort Lauderdale Airport or the West Palm Beach Airport and charter coach from the Newark International Airport, NJ directly to the Block Center is included in the fee. Door-To-Door service is only available if the entire package is taken. We cannot provide Florida ground transportation for individuals who arrange their own flights or who travel on departure dates other than those specified on this form. No refunds will be made to participants who use their own ground transportation.
4. A Block and Hexter medical form must be submitted 30 days prior to arrival. A blank health form will be sent to you with your bill. Participants must be in general good health. **Participation in the program may be denied if the health form is not received.**
5. I hereby consent and agree to participate in all Associated Camps, Inc. activities including, but not limited to, exhibits, performances, and television, video, radio, and transcribed programs, in each case without compensation, and the Associated Camps and the United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc., with which the camp is affiliated, may photograph, videotape, or record the undersigned applicant and may use at any time such person's photograph, videotape, or recording and/or name in furtherance of the Associated Camps charitable purposes, without being compensated.
6. Reservation deposit per person according to the following schedule must accompany the application.

DEPOSIT SCHEDULE

Passover - \$75 TRIP A - \$75 TRIP B - \$150 TRIP C - \$225 TRIP D - \$300 TRIP E - \$375 TRIP F - \$75 TRIP G - \$150 TRIP H - \$225 TRIP I - \$300 TRIP J - \$75 TRIP K - \$150 TRIP L - \$225 TRIP M - \$75 TRIP N - \$150 TRIP O - \$75 High Holidays - \$75

MAKE DEPOSIT CHECKS PAYABLE TO: ASSOCIATED CAMPS, INC.

7. Balances are due no later than 90 days prior to your scheduled vacation. A late payment fee of \$25 per each two week session per person will be imposed for unpaid balances more than 14 days late.
8. Fees are set by the Associated Camps' administration and Board of Directors. Participants who cannot afford the published tuition may request financial assistance and must complete a scholarship form. Assistance will be given based upon total annual income and expenses.
9. Participants who do not belong to a Jewish Community Center or YM-YWHA must pay a **non-refundable \$35 registration processing fee**. This check will be collected by the sponsoring agency (the one providing your ground transportation) and is to be made payable directly to the JCC.
10. **Cancellation Policy:** Once your deposit check is cashed, there will be a non-refundable processing fee of **at least \$50 per two-week session per person**. Additional cancellation fees vary depending on how far in advance of your stay the cancellation is received. **All cancellations, including medical, received 21 days or less before vacation are subject to a \$100 charge per two-week session per person. All cancellations, including medical, made in the last week before vacation are subject to a \$150 fee per two-week session per person.** Cancellations must be in writing. There are no reductions for late arrivals, early departures, or "no shows" - regardless of reason.

Important Notice Regarding Airline Tickets And Cancellations: Your airline tickets are non-refundable once they are issued by the airline. Tickets will be issued 90 days prior to your scheduled departure. If you cancel your trip within 90 days of departure, you will not receive a refund of the cost of the airline ticket. We will however, send you the ticket for future use. The ticket must be cancelled no later than midnight of the original travel date and should be good for up to one year from the original ticketing date. You will be required to pay a minimum \$100 change of date fee when you do decide to travel. **All changes in travel dates after tickets are issued are subject to a minimum change fee of \$100 as imposed by the airline.**

Signature 1: _____ Today's Date: _____

Signature 2: _____ Today's Date: _____

I am a member of: Michael-Ann Russell JCC

Miami Beach Senior Center JCC of The Greater Palm Beaches

I belong to _____ JCC

Non-members must enclose a \$35 non-refundable processing fee, payable directly to the appropriate center. If you are a member of a JCC, please include a copy of your membership card.

Please send completed form and deposit to:

Associated Camps, Inc., 271 Route 46 Unit A-109, Fairfield, NJ 07004

Phone: 973-276-3233 or 800-400-1924

Please make checks payable to **Associated Camps, Inc.** or to pay by credit card, complete the following:

VISA MC AMEX Discover

Card #: _____ Expiration Date: _____ CVV2 Code: _____

Cardholder Name: _____ Amount To Charge: \$ _____