



Please complete and return form with \$600 deposit to:
Beam Camp, 6 Second Place, Brooklyn, NY 11231

I hereby agree to enroll my child as a camper at Beam Camp, subject to the terms on this form and pay the tuition for my session of choice.

- Full Session 7/18/09-8/16/09 (campers aged 7-16) Tuition: \$4,500
Three-quarters Session (campers aged 7-9) 7/25/09-8/16/09 • Tuition: \$3,450
Pioneer Pre-Camp (campers aged 13 and up) 7/15/09-7/18/09 • Tuition: \$450 per camper

Included with Beam tuition: one-way transportation from Brooklyn, laundry service, t-shirt, staff gratuities and random extras.

- All registrations require a \$600 deposit. Full tuition payment (installments accepted) and medical paperwork are due by April 1st.
Early registration discount: 5% (if registration and deposit are received by January 9, 2009)
Families registering more than one camper may take \$200 off one of the tuitions.
Please make checks payable to Beam Camp

By signing below, my family and I agree to all the terms and registration policies of Beam Camp as stated on both sides of this form.

PARENT/GUARDIAN SIGNATURE DATE

CAMPER INFORMATION

LAST NAME FIRST NAME
SCHOOL GRADE LEVEL IN SEPT.
BIRTHDATE AGE M F
CAMPER E-MAIL

PARENT INFORMATION

Please list each parent or guardian in the camper's household.
Check here if all or most information remains the same as last year. Add new/changed info as appropriate.

LAST NAME FIRST NAME
RELATIONSHIP TO CAMPER ()
DAY PHONE EVENING PHONE ()
CELL/PAGER# EMAIL
ADDRESS
CITY, STATE ZIP

PARENT INFORMATION

Check here if all or most information remains the same as last year. Add new/changed info as appropriate.

LAST NAME FIRST NAME
RELATIONSHIP TO CAMPER ()
DAY PHONE EVENING PHONE ()
CELL/PAGER# EMAIL
ADDRESS
CITY, STATE ZIP

PARENT INFORMATION

Please list parent living at a different household address, if applicable.
Check here if all or most of information remains the same as last year. Add new/changed info as appropriate.

LAST NAME FIRST NAME
RELATIONSHIP TO CAMPER ()
DAY PHONE EVENING PHONE ()
CELL/PAGER# EMAIL
ADDRESS
CITY, STATE ZIP

Should this parent receive pertinent camp information?
Yes No

CAMPER'S NAME

EMERGENCY CONTACT INFORMATION

I understand that in an emergency, I shall be consulted immediately. If I am not available, I hereby designate the following person to be contacted in my stead. If neither of us is available, my family and I authorize Beam Camp and/or its agents to take whatever measures are, in their opinion, necessary.

LAST NAME		FIRST NAME	
RELATIONSHIP TO CAMPER			
HOME ADDRESS			
CITY ()	STATE ()	ZIP CODE	
DAY PHONE ()		EVENING PHONE	
CELL/PAGER#		EMAIL	

We fully understand the Camp reserves the right to dismiss in its sole discretion a camper whose condition, conduct, influence or behavior is deemed by the Camp to be unsatisfactory or detrimental to the best interests of the Camp or who violates the Camp Policies and Regulations.

As camp parents, we understand the risks involved in Camp activities. We realize that no environment is risk-free and we accept responsibility and grant permission for our child to participate in all Camp activities, program excursions and special outings as planned by the Camp. Knowing that orderly operation of the Camp is of utmost importance, we have instructed our child on the importance of and agree to comply with all Camp policies and regulations, including enrollment and withdrawal of campers.

The camp is not responsible for campers' equipment or personal belongings while in transit, at camp or if lost or damaged by fire, theft, laundry, etc.

\$600 deposit due at registration and refundable until April 1, 2009. After April 1 deposit is forfeited for any withdrawal. For registrations after April 1, deposit is refundable for 7 days only. Deposit non-refundable on registrations after June 1, 2009.

We would appreciate your permission to allow Beam Camp to use photographs, video and/or audio tape recordings of your child and samples of his or her art or literary work, or letters written to us after summer, on our web site, promotional video, camp brochure, newsletter and reports.

Check this box if you do not grant the permission requested in the above paragraph.

NEW BEAMER REFERRALS

Please let us know who you think might be interested in making their kid a Beamer. Fill in as much of their info as you know below and we'll take it from there. **If one of your referrals registers for camp you'll receive \$100 off this year's tuition.** Thanks for your help.

REFERRAL 1:

CAMPER'S NAME		
PARENT'S NAME		
RELATIONSHIP TO YOUR BEAMER (I.E., COUSIN, CLASSMATE)		
HOME ADDRESS		
CITY ()	STATE ()	ZIP CODE
DAY PHONE ()		EVENING PHONE
CELL/PAGER#		EMAIL

REFERRAL 2:

CAMPER'S NAME		
PARENT'S NAME		
RELATIONSHIP TO YOUR BEAMER (I.E., COUSIN, CLASSMATE)		
HOME ADDRESS		
CITY ()	STATE ()	ZIP CODE
DAY PHONE ()		EVENING PHONE
CELL/PAGER#		EMAIL

REFERRAL 3:

CAMPER'S NAME		
PARENT'S NAME		
RELATIONSHIP TO YOUR BEAMER (I.E., COUSIN, CLASSMATE)		
HOME ADDRESS		
CITY ()	STATE ()	ZIP CODE
DAY PHONE ()		EVENING PHONE
CELL/PAGER#		EMAIL