

# THE HOLLOWES CAMP 2010

3309 13th Line, R.R. NO. 3, COOKSTOWN, ONTARIO, L0L 1L0, CANADA  
 TEL/FAX (905) 775-2694 - WEBSITE [www.hollowscamp.com](http://www.hollowscamp.com) - EMAIL [fine@hollowscamp.com](mailto:fine@hollowscamp.com)

<b>TWO WEEK PROGRAMS:</b>	<b>SESSION 1</b> JULY 4 to JULY 16	<b>SESSION 2</b> JULY 18 to JULY 30	<b>SESSION 3</b> AUG 1 to AUG. 13
<b>ONE WEEK PROGRAMS:</b>	<b>SESSION 3A</b> AUG 1 – AUG 6	<b>SESSION 3B</b> Aug. 8 – Aug. 13	<b>SESSION 4</b> Aug. 15 – Aug. 20

### CAMPER FEES FOR 2010

(Please note: the new Harmonized Sales Tax of 13% is applicable to all goods and services rendered after July 1, 2010)

**SESSIONS 1, 2 or 3:**     \$1800.00 Base Fee + \$234.00 HST .....\$2034.00

**SESSIONS 3A, 3B or 4:**     \$750.00 Base Fee + \$97.50 HST ..... \$847.50

To hold your position(s) a deposit of **\$350.00 per camper per session** is required along with a cheque post-dated April 1, 2010 for the balance of fees or you may use your credit card. Credit card payments are invoiced by email through our PayPal merchant account. Upon acceptance of your camper application & deposit for each camper/session we will forward a statement of account. All camp forms, important information for parents, and what to bring to camp check list are available on our website. Go to [www.hollowscamp.com](http://www.hollowscamp.com) and click **Downloadable Forms** in order to access all information for both parents and campers.

Please note that refunds cannot be made for late arrivals, early departures or cancellations. **Cancellation insurance is available from [www.mycampprotector.com](http://www.mycampprotector.com) on our website to cover against any unexpected changes in family plans or your camper's attendance at camp.**

If a camper is coming to camp for 1 month or more weekend program(s) may be purchased in addition to the regular session fees. The additional cost for the weekend program is **\$339.00 per weekend** (HST included).

### THE HOLLOWES CAMP – CAMPER APPLICATION - 2010 SUMMER SEASON

Camper's name	Male or Female	Session Number(s)	Weekend at camp if staying 1 month? Y/N	Grade	Age July1st?	Date of Birth

FAMILY NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This information is confidential and will not be disclosed. I agree it may be stored under secured conditions by The Hollowes Camp.

Check appropriate box for credit card payment. We will email you an invoice and complete instructions.

DEPOSIT ONLY      FULL PAYMENT