

THE HOLLOWES CAMP 2012

3155 13th Line, R.R. NO. 2, BRADFORD, Ontario, L3Z 2A5, CANADA
 TEL/FAX (905) 775-2694 - **WEBSITE** www.hollowscamp.com - EMAIL info@hollowscamp.com

TWO WEEK PROGRAMS:	SESSION 1 July 1 to July 13	SESSION 2 July 15 to July 27	SESSION 3 July 29 to Aug. 10
ONE WEEK PROGRAMS:	SESSION 1A July 1 to July 6	SESSION 1B July 8 to July 13	SESSION 2A July 15 to July 20
	SESSION 2B July 22 to July 27	SESSION 3A July 29 to Aug. 3	SESSION 3B Aug. 5 to Aug. 10
		SESSION 4 Aug. 12 to Aug. 17	

CAMPER FEES FOR 2012:

SESSIONS 1, 2 or 3:	\$1800.00 + \$234.00 HST\$2034.00 (12 days/12 nights)
SESSIONS 1A, 1B, 2A, 2B, 3A, 3B or 4:	\$750.00 + \$97.50 HST\$847.50 (5 days/5 nights)

A deposit of \$350.00 + HST **per camper per session** is required to register. Balance of camp fees are due April 1, 2012. Payments may be made by cheque, Interact or credit card. Credit card payments are invoiced by email through our PayPal merchant account. Upon acceptance of your Camper Application and deposit for each camper per session we will forward a statement of account. All camp forms, important information, directions to camp, and what to bring check list are available on our website at www.hollowscamp.com - just click on [Downloadable Forms](#). Directions are available by clicking [Contact Us](#) or by searching Hollows Camp on [Google Maps](#).

Campers attending for 1 month may purchase a weekend to bridge between any of the 2 week sessions. The cost for the weekend program is \$339.00 per weekend (HST included) and available only for campers who are registered for two consecutive 2 week sessions. Cancellations are subject to \$113.00 administration fee. Fee adjustments cannot be made for late arrivals or early departures.

THE HOLLOWES CAMP – CAMPER APPLICATION - 2012 SUMMER SEASON

Camper's name	Male or Female	Session Number(s)	Weekend at camp if staying 1 month? Y/N	Grade	Age July 1st?	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 Hollows Camp.

Check appropriate box for credit card payment. We will email you an invoice and how-to-pay instructions.

DEPOSIT ONLY
 FULL PAYMENT