

# 2010 REGISTRATION

**64th Season  
HIDDEN VALLEY CAMP  
Summer 2010**



Name of Camper \_\_\_\_\_ Nickname \_\_\_\_\_  
First Last

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age Now \_\_\_\_ Current School \_\_\_\_\_ Current Grade \_\_\_\_\_  
MO DAY YR

Please register my: son  or daughter  for the following sessions:

(Campers may register for more than one session.)

- 1st Session (13 days, Ages 7-16) ..... Sat. June 26 to Fri. July 9..... \$1250
- 2nd Session (21 days, Ages 8-16) ..... Sun. July 11 to Sun. Aug. 1..... \$1760
- 3rd Session (19 days, Ages 8-16) ..... Tues. Aug. 3 to Sun. Aug. 22..... \$1690

(We suggest you make note of dates on your calendar when you register.)

**A deposit of 25% of the fee is required at the time of registration.** This deposit will be refunded if applicant is not accepted or if withdrawal is made before 3 weeks of opening day. Refunds cannot be made for late arrivals or early departures. A family discount of 5% is given when more than one camper registers from your family.

Parent(s) or Guardian(s) \_\_\_\_\_  
Please specify: Mr. &/or Mrs. /Ms./Dr. etc.

Home Address \_\_\_\_\_  
Street and Number  
\_\_\_\_\_  
City State Zip Home Phone

E-mail Address \_\_\_\_\_  
Work or Cell Phone (PLEASE SPECIFY)

\* Please indicate if it is ok to include you on our e-mail list for camp news/updates etc.. Yes  No

If you are unreachable, whom may we call in case of emergency? } Name \_\_\_\_\_  
Telephone

My child has permission to participate in all camp activities, including hikes out of camp, and may be transported by camp for activities away from camp property. I give permission for my child's picture to be used by Hidden Valley Camp. Use of such pictures taken at camp may include, but is not limited to, brochures, videos, web site and or other promotional materials generated by camp.

**SIGNATURE of Parent or Guardian** \_\_\_\_\_

If your child has friends coming to camp with whom he or she would like to tent, please list them here:  
(Same age or maximum of one year difference)

\_\_\_\_\_

Please list names and ages of brothers and sisters of camper:

\_\_\_\_\_

Please list names and addresses of other friends to whom you would like camp information mailed:

\_\_\_\_\_

Has camper attended Hidden Valley before? \_\_\_\_ Years \_\_\_\_ What other camps? \_\_\_\_\_

If you're a new camper we would appreciate knowing through whom you heard of Hidden Valley Camp:

\_\_\_\_\_

In April you will receive a detailed information packet that will include a clothing and equipment list, health form, baggage tags, maps to the bus location and to camp and other forms relating to your child's stay at HVC. A statement covering the balance due will also be sent at this time. This balance can be paid by check or credit card. Additional expenses for laundry and canteen (camp store) will be billed at the end of your child's stay.

Todd McKinlay, Camp Director



Send registration(s) to: **Hidden Valley Camp**  
14314 274th Place N.E.  
Duvall, WA 98019-8305  
Phone: (425) 844-8896