



November 2 to November 5, 2017

DEAR 2017 Registration Form 52/6/2017

Applicant Information – Please completely fill out one form per person/child.

Full Name: _____ **Date:** _____
First Last Gender M/F

Address: _____
Street/Mailing Address City State ZIP

TTY Voice Video Email

Email Address Phone Please check above box for preference contact.

Registration * Answer all questions – NO refund if cancelled after October 20, 2017

Applicant Age: Check one

Child (up to 5 years of age) **FREE – no charge** for lodging or meals.

Youth (6 years to 12 years)

Teen (13 years to 20 years)

Adult (21 years to 61 years)

Senior (62 years to 99 years)

Registration \$5.00 21 years old and up.

#A. Days: Thursday Friday Sabbath
 Check all the days you plan to stay **Note:** The purpose for registration is for statistics only.

Lodging – Check all the nights you plan to stay

Thursday night 11/2/17 Friday night 11/3/17 Saturday night 11/4/17

#B. Lodging: Cabin Lodging = \$20.00/person/night (Max. 12 per cabin) Tent = \$5.00/person/night

Recreational Vehicle with electricity but no sewer or water hookup = \$25.00/night

Motel = \$70.00/night

Meals – Check all the meals you want to eat – NO meals refund if cancelled after Oct. 20, 2017

#C. Meals: Please pick the meal(s) you would like to eat at Camp Blue Ridge. Each meal costs \$9.00.

#D. Meals: Please pick the meal(s) you would like to eat at Camp Blue Ridge. Each meal costs \$6.00 for kid(s) 6-10 years old.

Meal Style:	Breakfast				Lunch				Supper			
	Thursday	Friday	Sabbath	Sunday	Thursday	Friday	Sabbath	Sunday	Thursday	Friday	Sabbath	Sunday
n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select one as your choice of meal style you would like to eat at Camp Blue Ridge.

Vegan – no eggs, cheese or dairy

Vegetarian – some eggs, cheese and dairy

Gluten-free meals upon request. Contact DEAR director.

How much to pay? Total pre-filled if you are staying 3 nights and eat 8 meals

Count number of days (A), nights (B) and meals (C & D) from above	Cost for 1 person	Total cost of each item
Registration	1 x \$5.00	\$ 5.00
#A & B # of nights? Thursday Friday Sabbath Sunday	x \$20.00 (Cabin)	\$ 60.00
#C Meals # of meals? TSupper FB FL FS SB SL SS SBreakfast	x \$9.00	\$ 72.00
#D Kid's Meals # of meals? TSupper FB FL FS SB SL SS SBreakfast	x \$6.00	\$ 48.00
FULL TOTAL:		_____

Mail form with payment: ** NOTE **

To: DEAF
 DEAR Committee
 PO Box 1731
 Greenbelt, MD 20768

Please make your check or money order payable to "DEAF" and write in memo "DEAR 2017" You must pay the above amount in full and it must be **POSTMARKED** no later than **Friday, October 20, 2017**. Please contact the DEAR Director at dear@deafellowship.org for further questions.