



Islamic Center of Hawthorne

7th Annual Family Camp



WHAT: *Enjoy quality time with family and friends & a full program of activities for everyone*

WHEN	TIME	FEES	LOCATION
<u>FRI-SAT-SUN</u> <u>APRIL 2-4, 2010</u>	<ul style="list-style-type: none"> + Camp starts at <u>12:30 pm</u> on Friday + Camp ends at <u>1:30pm</u> on Sunday 	<ul style="list-style-type: none"> + \$120: (adults 12 and up) + \$90 (ages 3-12) + Free for children under 3 + \$400/Cabin for one family + 15% discount for ICH members 	Camp Seeley San Bernardino

PRIORITY REGISTRATION DATES

- + **Until February 15:** priority ICH members (special)
- + **Feb 15-Feb 28:** priority for parents of Alhuda, Sunday, Saturday, Quran Center, and Youth Program
- + **March 1st:** Open registration, first come first serve

Registration Policies

- 1- This camp has a set program: by signing this agreement you are expected to attend and participate actively in the camp program sessions from FRIDAY UNTIL SUNDAY
- 2- Applicants under 18 MUST have at least one parent with them at the camp
- 3- By signing this form you and your family agree to follow all rules and policies of ICH Camp
- 4- ICH Camp Committee reserves the right to admit or refuse any applicant

Part 1: WHO WILL be attending (LIST ALL NAMES from the same family)

No.	Name	Age	Male/Female	Relationship
1				
2				
3				
4				
5				
6				
7				

Part 2: Contact Information

Name: _____, Cell Phone (____) _____ - _____, Home Phone (____) _____ - _____
 Address: _____, City _____, CA _____

I, the undersigned and my family members named above, hereby accept to abide by Camp Seely Camp Rules and regulations and the rules of the ICH Family Camp. I promise that I will supervise my children at all times during the camp and will be responsible for them. I hereby release ICH and Camp Seely from any liability due to injury, loss of life, or loss of property. **I waive my right** to hold Camp Seely, ICH and/or any of their staff and/or volunteers liable for injuries, accidents, or loss of life (God forbid) during this entire program even if it is a result of negligence. I agree that ICH will assume no financial or medical liability for any accidents.

By signing this you & your family agree to follow the program of the camp at all times

Signature: _____, Date: ____/____/____

**Applications will not be considered without payment within one week
SPACES ARE LIMITED**

Note: Refund Policy: No refund will be given if you do not show up on the camp day. Partial refund may be possible if canceled at least one week in advance.