



# Islamic Center of Hawthorne

# 9th Annual Family Camp



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

WHEN	TIME	FEES	LOCATION
<b><u>FRI-SAT-SUN</u></b> <b><u>March 30-</u></b> <b><u>April 1, 2012</u></b>	<ul style="list-style-type: none"> <li>✚ Camp starts at <b><u>12:30 pm</u></b> on Friday</li> <li>✚ Camp ends at <b><u>1:30pm</u></b> on Sunday</li> </ul>	<ul style="list-style-type: none"> <li>✚ \$120: (adults 12 and up)</li> <li>✚ \$90 (ages 3-12)</li> <li>✚ Free for children under 3</li> <li>✚ \$400/Cabin for one family</li> <li>✚ 15% discount for ICH members</li> </ul>	Camp Seeley San Bernardino

## PRIORITY REGISTRATION DATES

- ✚ **Jan 20-Feb 17:** priority ICH members (special)
- ✚ **Feb 18-March 2:** priority for parents of Alhuda, Sunday, Saturday, Quran Center, and Youth Program
- ✚ **March 3:** Open registration, first come first serve
- ✚ Full payment required at the time of registration

## 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: \_\_\_\_\_ Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_, City \_\_\_\_\_, CA \_\_\_\_\_  
 Credit Card: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SPACES ARE LIMITED-OUR FAX IS 310-978-4036 or email [info@ichla.org](mailto:info@ichla.org)**

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.