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BERKSHIRE HILLS EMANUEL CAMPS
Adult Vacation Center
 61-43 186th St
 Fresh Meadows, NY 11365

SUMMER ADDRESS:
 159 Empire RD.
 Copake, NY 12516
 Camp Tel.
 (518) 329-1336

RATES AND DATES 2012

NEW - Weekly bridge masters for all levels; additional new lecture series Building Choices A, B, C or D								
		(A) Canaan Private bath	(B) Negev Private Bath	(C) Jerusalem Ganeden Tel Aviv Private bath		(D) Mt. Olive, Star of David, East Bank		
		Double Occupancy	Single Occupancy	Double Occupancy	Single Occupancy	Double Occupancy	Single Occupancy	Double Occupancy
Trip 1	Jun 14 - Jun 28-A	\$880	\$1,320	\$880	\$935	\$805	\$665	\$560
Trip 2	Jun 28 - Jul 5	\$730	\$1,045	\$730	\$865	\$665	\$480	\$400
Trip 3	Jul 5 - Jul 18-B	\$1,115	\$1,525	\$1,115	\$1,195	\$990	\$700	\$630
Trip 4	Jul 18 - Jul 25	\$730	\$1,045	\$730	\$865	\$665	\$480	\$400
Trip 5	Jul 25 - Aug 8	\$1,200	\$1,640	\$1,200	\$1,385	\$1,065	\$815	\$680
Trip 6	Aug 8 - Aug 15	\$730	\$1,045	\$730	\$865	\$665	\$480	\$400
Trip 7	Aug 15 - Aug 22	\$730	\$1,045	\$730	\$865	\$665	\$480	\$400
Trip 8	Aug 23 - Aug 26 <i>Family Camp</i>	\$100 per person/per night. Two children free if staying in the same room as parents or in kids bunks.						
Trip 9	Aug 27 - Sep 3 <i>Music and Arts Week</i>	\$730	\$1,045	\$730	\$865	\$665	\$480	\$400

ALL INCLUSIVE: Meals, gratuities, NYC round trip transportation. Full payment due no later than 5/01/12. NO REFUNDS applied when use own transportation. Additional charge applied from NY area airports.

CANCELTION POLICY: A \$100 cancellation fee applied up to two weeks prior to trip date; 50% of fee will be forfeited for any other cancellation (excluding medical reasons with physician documentation).

SECURITY DEPOSIT: A \$50 deposit refundable after your trip will be added to your bill. Rooms will be checked before departure for towels, hairdrivers, etc.

HOW TO REGISTER:

Return application on the next page with a deposit of \$150.00 per person, per trip, to Queens office:

BERKSHIRE HILLS EMANUEL CAMPS

Adult Vacation Center

61-43 186th Street • Suite 305, Fresh Meadows, NY 11365



REGISTRATION APPLICATION 2012

Berkshire Hills Emanuel
61-43 186th Street
Fresh Meadows, NY 11365

Name: _____ DOB: _____ Sex: M F
Last Name First Name

Spouse/Roommate: _____ DOB: _____ Sex: M F
Last Name First Name

Address: _____
City State Zip

Telephone: _____ Email: _____ Roommate Preference: _____

How do you reach BHEC? Bus _____ Car _____ Other _____

Medications Taking _____ Medical Condition we should be aware of _____

Building Legend:	*(A) Canaan Private Bath	(B) Negev Private Bath	(C) Jerusalem/ Ganeden /Tel Aviv Private bath	(D) Mt. Olive/ Star of David/ East Bank				
Select desired Trip below - Circle Trip Choice								
TRIP 1	TRIP 2	TRIP 3	TRIP 4	TRIP 5	TRIP 6	TRIP 7	TRIP 8	TRIP 9
6/14 - 7/28	6/28 - 7/5	7/5 - 7/18	7/18 - 7/25	7/25 - 8/8	8/8 - 8/15	8/15 - 8/22	8/23 - 8/26	8/27 - 9/3
Select desired Building below - Circle Building Choice (See legend above for reference)								
A*	A*	A*	A*	A*	A*	A*	A*	A*
B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D
Select desired Occupancy below - Circle Occupancy Choice								
Single	Single	Single	Single	Single	Single	Single	Single	Single
Double	Double	Double	Double	Double	Double	Double	Double	Double

*(A) Canaan Building offers Double-Occupancy only; this is only for the Canaan building, not the other buildings.

Additional 10% charge applied to bill for corner room Yes No

Room Preference 2012 _____ (We will try to honor requests, however no guarantees.)

Room 2011 _____

Terms of Enrollment

I am ambulatory and need NO assistance. I understand that BHEC camp grounds are uneven and include inclining and declining steps and walkways. (Initial here) _____

I understand that the resident medical staff offers very basic medical support. All other services must be covered by participants own insurance. Medical emergencies will be handled by ambulance to nearest hospital. (Initial here) _____

I agree that any dispute resulting from my stay at BHEC shall be resolved exclusively by binding arbitration conducted by the American Arbitration Association according to their then current commercial rules. Any such arbitration will take place in Manhattan and the substantive law of New York will apply. The arbitrator's decision will be final and may be entered as judgment in any court having jurisdiction. (Initial here) _____

Emergency Contact (Not at camp)

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Physician: _____ Telephone: _____

Payment Full payment must be made by May 1, 2012

Credit card. Please charge my credit card \$ _____ Circle one: VISA MC

Card #: _____ **Exp. Date:** _____ **CSC #:** _____

Check. Enclosed is a check payable to **Berkshire Hills Emanuel Camps** In the amount of \$

Print Name: _____

Signature: _____ **Date:** _____