

# Saug for All Registration

June 17-23, 2012

**Please print and complete this form and send with \$150 deposit payable to Saug-for-All to:  
Joan Lager 427 Nassau Dr Springfield MA 01129**

**To receive \$25 early registration discount, mail before April 15th**

NAME \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

(Exactly as you want it to appear on nametag & in the camp book.)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Birthday (Month/Day) \_\_\_\_\_

## CABIN AND FOOD PREFERENCE

\_\_\_\_\_ old \_\_\_\_\_ new Cabin name \_\_\_\_\_

**Add \$75 (per person) for premium cabins: Calvin, Rose II, Bluebird**

**Any special housing needs?** \_\_\_\_\_

*Your registration date is one factor in determining your cabin assignment.*

\_\_\_\_\_ Assign roommate, or I will room with \_\_\_\_\_

\_\_\_\_\_ I will be new at camp

\_\_\_\_\_ Vegetarian / Food allergies: \_\_\_\_\_

## AFTERNOON WORKSHOPS

\_\_\_\_\_ I would like to offer the following afternoon workshop. Title \_\_\_\_\_

Preferred day \_\_\_\_\_ Time \_\_\_\_\_ Description \_\_\_\_\_

## MEDICAL INFORMATION (Confidential)

Person to contact in event of emergency \_\_\_\_\_ Phone number \_\_\_\_\_

Special medical conditions/ medications currently using: \_\_\_\_\_

Doctor's name \_\_\_\_\_ Doctor's telephone number \_\_\_\_\_

*I waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors) and all rights and/or claims which I have, may have or may hereafter accrue to me against the director(s), staff, sponsors and promoters of Saug-For-All for any and all damages, injuries, or claims which may be sustained by me directly or indirectly arising out of my participation in Saug-For-All. I consent to emergency treatment for myself in the event of an injury. I authorize any sponsors to utilize any photographs and videotape of my participation in this event for any and all purposes. I have read, understand, and agree to the above waiver.*

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

## AMOUNT DUE

\_\_\_\_\_ Saug-for-All camp fee \$500

\_\_\_\_\_ Premium cabin add \$75... Calvin, Rose II, Bluebird

\_\_\_\_\_ Deposit due upon registration \$150

\_\_\_\_\_ Early registration discount (Before April 15th) - \$25

\_\_\_\_\_ Balance Due May 15

**Registrations mailed after May 15th must include payment in full.**

**Make all checks payable to Saug-For-All Send to: Joan Lager 427 Nassau Dr Springfield MA 01129**