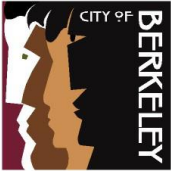


Rec. Date: _____	Time: _____
Customer Tent #: _____	
EZ-Camp Date: _____	
Initials: _____	



Parks Recreation & Waterfront Department  
 Recreation Division, Camps Unit  
 2701 Telegraph Avenue  
 Berkeley, CA 94705  
 Tel: (510) 981-5140 Fax: (510) 981-5160  
 www.cityofberkeley.info/camps  
 Email: camps@cityofberkeley.info

# Echo Lake 2017 Adult 50+ Camp

**Session #1:** Aug 19<sup>th</sup> Lunch – Aug 22<sup>nd</sup>, Breakfast  
**Session #2:** Aug 22<sup>nd</sup>, Lunch, - Aug 25<sup>th</sup>, Breakfast

## Head of Household Information-

Please list only one individual in this field. This person will be responsible for all payments and registration changes.

**Note:** Each registration form represents a reservation for one (1) tent-cabin. If multiple tent-cabins are desired, please complete a separate form for each tent.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Contact (Must NOT be attending camp)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

## Registration Policies

**All refund, change, and cancellation requests must be made in writing and sent to the City Of Berkeley Recreation Office, 2701 Telegraph Avenue, Berkeley, CA 94705.**

**Refund Policy:** All refund requests are subject to a 25% administrative fee, not to exceed \$150.00. Requests made less than 30 days prior to scheduled arrival are not eligible for a refund.

**Changing Reservations:** Only the Head of Household may request a reservation change. Changes resulting in a reduction of the reservation are subject to a \$100.00 administrative service fee per change. No charges will be incurred for registration additions or extensions to your stay. Requests to reduce your stay or change your camp dates must be made at least 30 days prior to arrival date. Change requests made less than 30 days prior to arrival date are not eligible for a refund. Additions may be made less than 30 days in advance as space allows.

**Cancellation Policy:** Cancellations are subject to a 25% administrative fee, not to exceed \$150.00. Cancellation requests made less than 30 days prior to scheduled arrival are not eligible for a refund. Cancellation requests due to medical emergency or illness must be submitted in writing, accompanied by a doctor's note, and received no later than 30 days following the scheduled date of attendance.

## Consent and Release from Liability

In consideration for participation in Camps Programs, I for myself, heirs, successors, and assigns, agree to release, defend, indemnify and hold harmless the City, its officers, agents, volunteers and employees from and against any claims, demands, liability, damages, lawsuits or other actions, including but not limited to personal injury or death or property damage arising out of, or in any way connected with, my participation or the participation of my child/ward in Camps Programs. I give my consent to allow the City of Berkeley to use any photographed images of myself or my child in promotional materials and/or its website.

**Head of Household Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Camper #1 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Camper #2 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Camper #3 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Camper #4 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Camper Information:** Please list other campers who will be attending camp with you

Please PRINT

**Additional Camper #1:**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ PH#: \_\_\_\_\_

E-mail: \_\_\_\_\_ I want to volunteer to lead an activity at Camp: Y N

Name of Activity: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact PH#: \_\_\_\_\_ Alternate PH#: \_\_\_\_\_

**Additional Camper #2:**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ PH#: \_\_\_\_\_

E-mail: \_\_\_\_\_ I want to volunteer to lead an activity at Camp: Y N

Name of Activity: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact PH#: \_\_\_\_\_ Alternate PH#: \_\_\_\_\_

**Additional Camper #3:**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ PH#: \_\_\_\_\_

E-mail: \_\_\_\_\_ I want to volunteer to lead an activity at Camp: Y N

Name of Activity: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact PH#: \_\_\_\_\_ Alternate PH#: \_\_\_\_\_

**Additional Camper #4:**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ PH#: \_\_\_\_\_

E-mail: \_\_\_\_\_ I want to volunteer to lead an activity at Camp: Y N

Name of Activity: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact PH#: \_\_\_\_\_ Alternate PH#: \_\_\_\_\_

**Medical Accommodations:**

**A Doctor's Note must be included describing requests for medical accommodation (e.g. electrical power for a CPAP machine).** Please list any special dietary requirements or medical accommodations in the space provided below, including refrigeration requirements for medically required food supplements and food allergies. A salad bar will be available at every lunch and dinner, and a vegetarian option will be available at every meal. Our facility is **not** nut-free. Gluten free entrée options may be available, however, our kitchen cannot guarantee that cross-contamination will not occur.

***\*Echo Lake Camp cabins do not have electricity.\****

Residency Verified: _____
Fees Checked: _____
Entered to EZ-Camp: _____

**Fee Schedule: Full Payment must accompany registration form. Fees for each session are all-inclusive.**

	Session #1: Aug 19 (L) - Aug 22 (B)	Session #2: Aug 22 (L)-Aug 25 (B)	BOTH Sessions Aug 19 (L) – Aug 25 (B)	Single Occupants ADDED Fee <u>Per Session</u>
<b>Berkeley Resident</b>	\$178.00	\$178.00	\$356	\$200.00
<b>Non-Resident</b>	\$196.00	\$196.00	\$392	\$220.00

**Note: The Head of Household is responsible for all payments, changes, and refund requests. The City will not accept payments from individual campers, only from the listed Head of Household for each registration.**

Camper Name	DOB	Res / Non	Session #1 Fee	Session #2 Fee	Single Occ. Fee	= Subtotal
<i>Example: John Smith</i>	<i>12/11/45</i>	<i>Resident</i>	<i>\$178.00</i>	<i>\$178</i>	<i>\$400.00</i>	<i>\$ 756.00</i>
<b>Total Fee:</b>						<b>\$</b>

**HOW TO REGISTER**

- Fill out the registration form completely. Print clearly and include all required information.
- The registered Head of Household is responsible for all registration payments, changes, and requests for refund. The City will not accept partial payments from campers who are not the registered Head of Household.
- Berkeley residents must provide address verification, i.e. utility bill, California ID/Driver's License to receive resident rates.
- Checks/Money Orders should be made payable to "City of Berkeley".
- We accept cash (exact change), check/money orders, or Visa/MasterCard.
- Registration Forms may be submitted in the following ways:
  - Mail-in: City of Berkeley, Recreation Office • 2701 Telegraph Avenue • Berkeley, CA 94705
  - Walk-in: Recreation Office • 2701 Telegraph Avenue • 9:00 AM – 5:00 PM
  - Fax-in: Completed registration form with credit card info to (510) 981-5160.



*The City of Berkeley has operated Echo Lake Camp since 1922 under a Special Use Permit with the U.S. National Forest Service. Echo Lake Camp sits at an elevation of 7,400', and is located just 15 minutes from South Lake Tahoe.*