

Address: \_\_\_

Home #: (

Fax #: (

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

Staff Use Only:	
Rec. Date:	Time:
Tent #:	of
EZ-Camp	Date:
	Initials:

Jun 18-Jul 21; Jul 26-28; Aug 16-18

# Echo Lake Family Camp

## Head of Household Information- please list only one individual in this field

) \_\_\_\_\_\_ Email: \_\_\_\_\_

cabin needed. The Head of Household listed here will be responsible for all fees associated with this reservation.

Name:			Relation:	
Home #: ( ) (	Cell #: ( )		Work #: ( )	
Fee Schedule				
Age Category (upon arrival at camp)	Fees	Per Day	Fees Per C	Quarter Day
	Resident	Non-Resident	Resident	Non-Resident
Adults (Ages 15 & Up)	\$98	\$108	\$24.50	\$27.00
Youth (Ages 7-14)	\$65	\$72	\$16.25	\$18.00
Child (Ages 3-6)	\$49	\$54	\$12.25	\$13.50
Infants (under 3) are FREE				
reduction of the reservation are subject to a \$10 additions or extensions to your stay. Requests arrival date. Change requests made less than than 30 days in advance as space allows.	to reduce your stay 30 days prior to arr	or change your camp daival date are not eligible	ates must be made a for a refund. Addition	at least 30 days prior to ons may be made less
Cancellation Policy: Cancellations are made less than 30 days prior to scheduled arrillness must be submitted in writing, accompanion of attendance.  All refund, change, and cancellation reque	ival are not eligible ed by a doctor's no	for a refund. Cancellate, and received no later	tion requests due to r than 30 days followi	medical emergency or ing the scheduled date
270	1 Telegraph Avenu	e, Berkeley, CA 94705.		
Consent and Release from Liabiliand assigns, agree to release, defend, indemn against any claims, demands, liability, damages damage arising out of, or in any way connected consent to allow the City of Berkeley to use any	ify and hold harmle , lawsuits or other a with, my participati	ess the City, its officers, actions, including but not on or the participation of	agents, volunteers a t limited to personal ir f my child/ward in Ca	and employees from ar njury or death or proper mps Programs. I give n
consent to allow the City of Berkeley to use any	1 3 -1 3	, ,	•	
Signature of Head of Household:			Date:	

Note: Each registration form represents a reservation for one (1) cabin. If your party requires multiple cabins, please fill out a registration form for each

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

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

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

## Since 1922, Berkeley Echo Lake Camp has been operated by the City of Berkeley under a Special Use Permit through the USDA Forest Service.

Cash:\_

Remaining Balance

\$

### **Program Dates**

Jun 18 (lunch) – July 21 (breakfast); Jul 27 (dinner) – July 29 (last meal is lunch) Aug 16 (dinner) – Aug 18 (lunch)

Note: Proof of Residency is required to receive Berkeley Resident Rates

FEES PER DAY (Resident/Non-Resident)							
Ages	Adults (15+)	Youth (7-14)	Child (3-6)	Under 3			
Fee	\$98/\$108	\$65/\$72	\$49/\$54	FREE			

*FEES PER QUARTER DAY (Resident/Non-Resident)						
Ages	Adults (15+)	Child (3-6)	Under 3			
Fee	\$24.50/\$27.00	\$16.25/\$18.00	\$12.25/\$13.50	FREE		

In the fields below, please indicate the names, ages, and arrival & departure dates for each camper. A full day consists of four quarters: breakfast, lunch, dinner and overnight stay (B=Breakfast; L=Lunch; D=Dinner; N=Night). Stay is calculated from the quarter day you arrive to the last quarter day before you depart. Circle the quarter day of your arrival and departure.

#### Please print clearly!

Adults (Ages 15+)	Res / Non	DOB	Arrival Date	Circle One	Departure Date	Circle One	# of Days	x Fee	= Cost
EXAMPLE: John Smith	Res	2/6/48	6/25/17	B D N	6/28/17	B <b>Ū</b> D N	3.25	\$98.00	\$318.50
				BLDN		BLDN			
				BLDN		BLDN			
				BLDN		BLDN			
				BLDN		BLDN			
Youth (Ages 7-14)		DOB	Arrival Date	Circle One	Departure Date	Circle One	# of Days	x Rate	= Cost
				BLDN		BLDN			
				BLDN		BLDN			
				BLDN		BLDN			
Child (Ages 3-6)		DOB	Arrival Date	Circle One	Departure Date	Circle One	# of Days	x Rate	= Cost
				BLDN		BLDN			
				BLDN		BLDN			
				BLDN		BLDN			
Infant (Under 3)		DOB	Arrival Date	Circle One	Departure Date	Circle One	# of Days	x \$0	= Cost
				BLDN		BLDN		0	0
				BLDN		BLDN		0	0
								Subtotal	\$

Tents with less than three (3) occupants incur a nightly surcharge. A single person in a tent is charged an additional \$200/\$220 (resident/non-resident) per night. Tents with two occupants are charged an additional \$63/\$70 per person, per night.

Category	Resident	Non-Resident	Arrival Date	Departure Date	# of People	x # of nights	x Rate	= Cost
Single Occupant	\$200	\$220			1		\$	\$
Double Occupancy	\$63	\$70			2		\$	\$
*Echo Lake Camp cabins do not have electricity*						\$		
					Total	I Cost		¢

I request the following accommodation (Dr. verification)	on may be required):	Total Cost		
 	·	Deposit Ar	mt: (min 25%)	
 	<del></del>	(Office Use C	only)Payment	Гуре:
	42/24/2040	CC:	_ Check #:	