



NYC January 14-17 2011

(877)262-6512

Camper's Name: _____

Bunkmate request: _____

Camper's age as of January 2011: _____

Parent 1: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ E-Mail: _____

Weekend Emergency Contact Phone: _____

Parent 2: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ E-Mail: _____

Weekend Emergency Contact Phone: _____

** We will do our best to accommodate bunkmate requests, but they are not guaranteed*

GENERAL POLICIES

In case of emergency, Camp MoveIT is hereby granted permission to secure any and all medical and/or surgical treatment and hospital service that the camp deems necessary. Move IT on Broadway accepts campers on a first-come, first-serve basis. By signing this enrollment application as a parent or guardian, you are acknowledging and giving assent to your daughter's participation in all of the activities mentioned on the itinerary sheet. Camp Move IT is granted permission to use any individual or group photographs, video, and audio recording taken at camp or elsewhere documenting participation in camp activities for publicity and public relations purposes.

PHONE CALLS AND SCHEDULE INFORMATION

A list of contact numbers for staff escorts as well as lodging phone numbers will be emailed to you prior to your daughter's departure. Also included will be a more detailed itinerary of your daughter's schedule.

PAYMENT Move IT on Broadway: \$995

PLEASE REMIT APPLICATION AND PAYMENT TO CAMP MOVE IT: 9 Claremont Avenue, Maplewood, NJ 07040

Checks can be made out to Camp Move IT or provide Credit Card Information:

Billing Name: _____

Billing Address: _____

Credit Card #: _____ Expiration Date: _____

Signature: _____