

Registration Form 2012

CDSS, 116 Pleasant St. #345, Easthampton, MA 01027 • 413-203-5467 x 2
 fax 413-203-5471 • camp@cdss.org • www.cdss.org/registration

Use this section for the first or only adult on the registration.

Name 1 _____ Age _____ M/F _____
to help assign rooms & jobs

Address _____

_____ Zip _____

Phone (hm) _____ (cell) _____

Email _____

I do do not want my home phone included on the camper list.

I prefer meat vegetarian menu. *For Early Music Week & Dance Musicians Courses only*

I do not do have food allergies.

I am not am a smoker. _____ main instrument

I have enclosed a scholarship application.

My roommate/housing preference is _____

My camper job preference/limitation is _____

I can offer need a ride to camp from _____

Provide addresses for each registrant. All confirmation information will be sent to the address listed above.

Name 2 _____ Age _____ M/F _____
to help assign rooms & jobs

Address _____

_____ Zip _____

Phone: home _____ cell _____

I do do not want my home phone included on the camper list.

I prefer meat vegetarian menu. *For Early Music Week & Dance Musicians Courses only*

I do not do have food allergies.

I am not am a smoker. _____ main instrument

I have enclosed a scholarship application.

My camper job preference/limitation is _____

COMMENTS:

Use this section for children (give full names and age **at time of camp.**) Please add address and phone if different from the first section.

Name 3 _____ Age _____ M/F _____ Meat/Veg _____

Name 4 _____ Age _____ M/F _____ M/V _____

Name 5 _____ Age _____ M/F _____ M/V _____

COMMENTS:

I/We would like to attend a total of _____ weeks listed in order of preference (1,2,3 etc.) (Please list only one 1st choice.)

PINEWOODS CAMP

- Family
- Harmony
- English Dance Leaders
- American Dance
- Contra Dance Callers
- English & American Dance
- Early Music
- Viol Intensive
- Campers'
- English Dance

OGONTZ CAMP

- Family
- Teachers Training

TIMBER RIDGE CAMP

- Adult
- Family
- Singing Squares
- Leadership
- American Musicians

MEMBERSHIP RATES and INFORMATION

All adults on the Registration Form must be members of CDSS in order to receive preference by the early deadline.

- I/We would like to join CDSS.
- \$45 Individual for _____ Name _____
- \$25 Student/Limited Income
- \$65 Family \$35 Student/Limited Income Family
- Don't share address with other groups.

ENCLOSED PAYMENT COVERS THE FOLLOWING

- Deposit of \$150/person/week or full payment \$ _____
 - Donation in support of Scholarships (Your gift helps others come to camp.) \$ _____
 - CDSS Membership (see Member Rates above) \$ _____
- TOTAL PAID \$ _____**

- Check payable in U.S. funds to CDSS
- VISA or MASTERCARD

(We will take the deposit now and the balance automatically on due date.)

Card # _____ / _____ / _____ / _____

Expiration Date _____

Cardholder's Signature _____

FOR OFFICE USE ONLY

App		Date	
Wk	\$	Mbr	\$
Wk	\$	Sch	\$
Wk	\$	Tot	\$