



**The Ben Appelbaum
Day Camp Conference
Wednesday, October 6th, 2010**



**Hosted by
Ramapo Country Day Camp
600 Saddle River Road - Airmont, NY 10952**

Registration Form

Camp Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail _____

<u>FEES:</u>	<u>First 5 People</u>	<u>Each Person Above 5</u>
ACA Member	\$60.00 per person	\$40.00 per person
ACA Non-Member	\$70.00 per person	\$50.00 per person

NAME (Please Print Clearly)

POSITION

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |

Total # Attending: _____ \$ _____

Annual Fund Contribution _____ \$ _____

Total _____ \$ _____

Please note: There will be no refunds after September 24th, 2010.

CHECK Enclosed (Please make checks payable to ACA, NY)
CREDIT CARD PAYMENTS Visa MasterCard American Express

Card Number: _____ Exp. Date: _____

Charge Amount: \$ _____ Card Holder's Name: _____

Card Holder's Signature: _____

Please mail or fax this form with payment to:
American Camp Association, NY - 2010 Ben Appelbaum Day Camp Conference
1375 Broadway - 4th Floor, New York, NY 10018
Tel: 212.391.5208 - Fax 866.553.9264