



VOCE Spring Dinner

Wednesday April 21, 2010

6:00-9:30pm

Alpine Country Club

80 Anderson Ave

Demarest, NJ 07627

VOCE stands for **Veterans of the Camp Experience** and serves those camp professionals who have been in management roles at camp for at least twelve consecutive years with ultimate operational authority. We invite anyone who fits this criterion to join us for an evening of good food and discussion with other veteran camp professionals about your role in camp.

Registration Fee

- \$120.00 per guest – VOCE member
- \$170.00 per guest – Non VOCE member (Includes VOCE membership until March, 2011)

Camp: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Guests Names (Please Print Clearly)

1. _____
2. _____
3. _____

Total # Attending: _____ @ _____

Total Due: _____

ACA Annual Fund Contribution*

\$ _____

**Donations to the ACA Annual Fund are voluntary. You will receive a tax deduction for your contribution. Thanks for your generosity and support!*

Total: _____

METHOD OF PAYMENT: *Payment in FULL is due with Registration.*

MasterCard Visa Check (made payable to: ACA-NY)

Credit Card No: _____ Exp. Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Do you have any special needs that we can address to make your participation more enjoyable? If so, please check this box and we will contact you.

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