



Homeschool Outdoor Science School

Registration Form 2009

For pre-registration we must have deposit payment to hold a cabin space.

I AM REGISTERING FOR: (Note: no meals provided by Mount Hermon)

- Nov 16-20, 2009
- Feb 8-12, 2010

Early registration recommended 1 year in advance, as we expect the weeks to fill up very quickly for 2009/2010. We will be communicating with you later in the year to confirm your registration.

Name(s) of adults **attending** _____

Address _____

City: _____ State: _____ Zip: _____

Home Phone () _____ Work Phone () _____

Cell Phone (the one you will have with you at Mount Hermon) () _____

Email _____ (please check regularly, as we will send updates via email.)

| Child's Name | Age/ Grade | Participating Student? |
|---|--|---|
| Include Last name if child's last name is different than your own | As of the date of your participation Age/Grade | K - 12 th may participate- \$100 fee applies per child* ** Y/N |
| 1 | / | |
| 2 | / | |
| 3 | / | |
| 4 | / | |
| 5* | / | |
| 6* | / | |
| 7* | / | |
| 8* | / | |

* Over 4 students is \$95

HOUSING:

- I will be staying in a Mount Hermon cabin. My CABIN PREFERENCE, in ORDER is:
(Please rate 1= Top Choice and 3= Last Choice)
 ___ Economy Cabin (\$) ___ Standard Cabin (\$\$) ___ Deluxe Cabin (\$\$\$)

I have a cabin preference _____.

*** Please note that by marking your preference above, we will do our best to accommodate you in a cabin that meets your needs—financially and size-wise. Cabin availability is limited, and we will do our best to honor your requests.*

- I will be sharing this cabin with another family—Last Name _____
- I will be staying in my own housing in the Mount Hermon area
- TOTAL AMOUNT OF PROGRAM FEES (\$100 per participating child only.)
\$ _____

\$75 non-refundable deposit required PER FAMILY at time of reservation.

Cabin rates and balances will be sent out with a confirmation letter. We ask that final payment for program and cabins be paid IN FULL one month prior to your Home School Camp Week. Thank you!

- Check or money order enclosed \$ _____

Charge my:

- Visa
 MasterCard
 Discover Card
(American Express not accepted)

Amount \$ _____ Card # _____

Expiration _____ Signature _____

***** If you are unable to attend the week you register for, Mount Hermon cannot refund your deposit amount.***

***** Due to high demand, full payment must be made one month prior to your arrival date. If you cancel less than one month prior to your arrival date, you will forfeit your payment for both program and accommodations.***

PLEASE FAX OR MAIL THIS FORM TO THE FOLLOWING:

FAX: 831-335-7485 ATTN: OUTDOOR SCHOOL DIRECTOR

MAIL:
OUTDOOR SCIENCE SCHOOL
ATTN: OUTDOOR SCHOOL DIRECTOR
PO BOX 413
MOUNT HERMON, CA 95041