

Cue Camp Friendship 2011 Registration

Claggett Conference Center, Buckeystown, MD June 16-19, 2011

Name: _____ Address: _____
 Phone: _____ City, State, Zip: _____
 E-mail: _____ Fax: _____

Overnight camper fees include seven meals, dorm-style accommodations, instruction, and all program activities.
 Linens are not included.

Day camper rates include lunch, instruction and program activities.

Name of Camper	Specify if adult or child (age and grade)	Specify Cueing Level – Beginner, Advanced Beginner, Intermediate, Advanced	Main mode of communication (Cued Speech, oral, sign language)	Specify if Deaf/Hard-of-Hearing, Parent, SLP, Teacher of the Deaf, Interpreter, Student, or Other (please specify)

Special meal requirements (please list) _____ PLEASE INCLUDE ADDITIONAL SHEETS IF NEEDED.

EARLY BIRD POSTMARK DEADLINE: MAY 13, 2011.

Registrations postmarked after 5/13 must include the additional registration fee for each camper. Further info will be sent upon receipt of your registration via e-mail unless you request otherwise.

PAYMENT INFORMATION

A deposit of \$100 must accompany this registration.
 The balance is due at check-in at camp.
Please make checks payable to the Maryland Cued Speech Association.
Forms and checks should be sent to:
MDCSA, P.O. Box 9173
Silver Spring, MD 20916-9173

<p>STAYING ON-CAMPUS Family (\$550) _____ Individual (\$275) _____</p> <p>Registration fee if after 5/13 Family (\$600) _____ Individual (\$325) _____ TOTAL _____ Less \$100 Deposit - \$100 _____ <i>Returning Camper Loyalty Discount</i> For those who attended camp in 2009 -\$50/family; -\$25/individual _____ Due at Check-in _____</p>	<p>DAY CAMPERS Family (\$500) _____ Individual (\$250) _____</p> <p>Registration fee if after 5/13 Family (\$550) _____ Individual (\$300) _____ TOTAL _____ Less \$100 Deposit - \$100 _____ <i>Returning Camper Loyalty Discount</i> For those who attended camp in 2009 -\$50/family; -\$25/individual _____ Due at Check-in _____</p>	<p><i>Some financial aid for families is available.</i> Contact Steven Scher, mdcsaprez@gmail.com for more information.</p> <p>ROOMMATE PREFERENCE (if any) _____</p> <p>SINGLE DAY ATTENDANCE \$100. Day you plan to attend _____</p>
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