

## WINTER HOLIDAY CAMP AT FULLAGAR VINEYARDS REGISTRATION FORM

If you are looking for an extraordinary adventure and a time to plan ahead during Christmas & New Year Holidays, join us at the Fullagar Vineyards in Finger Lakes Region near Niagara Falls.

Our focus is helping kids expand their vision beyond academic achievements to explore cultural events in Rochester, NY and amazing nature in Niagara Falls. While enjoying the most spectacular natural settings, you can build confidence, develop new skills, and make new friends. We teach values of caring, respect and responsibility that foster cooperation, integrity, and trust.

Never the less, there's a college planning session for each grade levels to plan ahead & get professional counselling.

It's never too early to start thinking about where you want to be after high school. We'll help you to plan ahead and to achieve your goals.



**WINTER HOLIDAY CAMP**  
**TWO WEEKS DURING THE VACATION**

**\$1,495**

This includes room & board, admission to all field trips.

Please fill out this registration form & **fax it to 315-536-4043**, or go to [www.AmericaUhak.com/registration.html](http://www.AmericaUhak.com/registration.html) to complete the form online. You must submit a \$500 down payment to reserve a spot. Registration without a down payment will not be processed. Remember spaces are limited – first come, first served.

For more information, call 631-495-6231.

Camper's name: \_\_\_\_\_ Sex: M  F  Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ HOME TEL: \_\_\_\_\_

Name of School: \_\_\_\_\_ Email: \_\_\_\_\_

School Address: \_\_\_\_\_ HOME TEL: \_\_\_\_\_

Guardian/Parent: \_\_\_\_\_ CEL: \_\_\_\_\_

### PARENT/GUARDIAN MUST READ THIS AND SIGN THIS FORM

I understand that Youth Camp, Inc. is a recreational program. Parents with children who have special needs must speak with the director before the registration. I understand all deposit & other fees are nonrefundable and payment in full and forms due before the trip. And I hereby give permission for my child to be taken on trips that are part of the camp activities. If I cannot be reached for the medical emergency, Youth Camp, Inc. may provide whatever medical treatment is deemed necessary by camp director. And the camp may photograph or videotape my child for promotional purposes.

X \_\_\_\_\_

Please send the completed registration form & check or money order to:

Youth Camp, Inc.  
3480 Bath Road, Penn Yan, NY 14527

For more information, please visit us online at [www.AmericaUhak.com/registration.html](http://www.AmericaUhak.com/registration.html) or call 631-495-6231.

### METHODS OF PAYMENT: (Credit Card or Check/Money Order)

VISA  MasterCard

Credit card number: \_\_\_\_\_

Name on the card: \_\_\_\_\_

EXP: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

X \_\_\_\_\_



FAX IT TO: **315-536-4043**