

SEASON/WEEKLY PASS APPLICATION 2006

COMPLETE APPLICATION	SEASON PASS	1 WEEK PASS For Cabin Rental	Guest Fees for ACA Members Per day	Fee for Non ACA Member Guest per day and must pay *\$10.00 per person ACA insurance fee and guest fee as below
Adult 18 & over	\$50.00	\$20.00	\$6.00	\$10.00 + \$10.00
Junior, under 18	\$25.00	Not Qualified to rent	\$2.00	\$4.00 + \$10.00
Family Maximum	\$100.00	\$50.00	\$10.00	\$20.00 + \$10.00 per person

***NOTE: THESE FEES ARE IN ADDITION TO FEES FOR CABIN RENTAL OR MEMBERSHIP DUES. ANY PERSON USING THE CAMP MUST BE ACA MEMBER OR PAID EVENT FEE OF \$10.00 PER PERSON AND SIGN A WAIVER IN MOST CASES IT PAYS TO JOIN THE ACA AND BE MEMBERS**

GUEST FEE RULES IN EFFECT FOR 2006 SEASON

1. Everyone must pay a daily fee for each calendar day or portion thereof that they are in camp, or must have a season pass or the one-week pass.
2. Everyone applying for a rental cabin must pay his or her guest fees in advance for rental period Before beginning their rental stay.
3. Only the family members listed on the season or weekly pass application are covered by it. Additional guest(s) will need to pay separately.
4. Members are responsible for their guest and fees of their guests. Be sure they know the rules and those guests have paid all fees upon arrival.

Please Enclose a Self Addressed Stamped Envelope to get your Season Pass Mailed Back To You
Make checks payable to:

American Canoe Association, Atlantic Division Camp Committee
Mail to: Scott Greifenberger, 1425 Bellmore Ave., North Bellmore, New York 11710

-----Cut & Mail -----

2006 SEASON PASS

Name (last) _____ (first) _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

ACA Number _____ Expires ____/____/____ Phone H _____ Cell _____

Type **INDIVIDUAL** Full Season \$50.00 _____ One Week \$20.00 _____ Pre Paid Daily Fee \$ _____

FAMILY Full Season \$100.00 _____ One Week \$50.00 _____ Pre Paid Daily Fee \$ _____

Junior Full Season \$25.00 _____

DATES OF DAILY/WEEKLY STAY _____

Amount Enclosed \$ _____ **for family passes please, list family members below**

Spouse, (last) _____ **(first)** _____

Child, (last) _____ **(first)** _____ **Date of Birth** ____/____/____

Child, (last) _____ **(first)** _____ **Date of Birth** ____/____/____

Child, (last) _____ **(first)** _____ **Date of Birth** ____/____/____

Child, (last) _____ **(first)** _____ **Date of Birth** ____/____/____

Child, (last) _____ **(first)** _____ **Date of Birth** ____/____/____