



Parks Recreation & Waterfront Department
 Recreation Division, Camps Unit
 1947 Center Street, 1st Floor
 Berkeley, CA 94704
 Tel: (510) 981-5140 Fax: (510) 981-5160
 www.cityofberkeley.info/camps
 Email: recreation@ci.berkeley.ca.us

TUOLUMNE Fish Camp 2010



May 31 – June 7, June 17 – 19

Family Account Information

First Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home #: () _____ Cell #: () _____ Work #: () _____
 Fax #: () _____ Email: _____

Emergency Contact

Name: _____ Relation: _____
 Home #: () _____ Cell #: () _____ Work #: () _____

Age Category	Resident Fees		Non-Resident Fees	
	Per Day / Per Quarter Day		Per Day / Per Quarter Day	
Adults (Ages 15 & Up)	\$55	\$13.75	\$60	\$15
Youth (Ages 7-14)	\$46	\$11.50	\$51	\$12.75
Child (Ages 3-6)	\$33	\$8.25	\$38	\$9.50
Infants (under 3) are FREE				

Refund Policy: All refund requests must have an original confirmation form with a dated letter of explanation 30 calendar days prior to arrival date, or fees will be forfeited. Refund requests made after an application has been processed will be charged an administrative fee of 25% of the total registration if fees are under \$600 or a total of \$150 if registration fee is over \$600.

Changing Reservations: All changes must be made in writing by the registered applicant. Changes can be submitted by email, postal mail or hand delivered. No changes will be taken over phone. Please include name on the registration form, current mailing address, phone number and registration dates on change request. No charges will be incurred if you add people, dates or meals to an existing reservation at least 30 days in advance of your arrival date. A \$100 fee will be incurred for all other changes. Multiple changes made at the same time will be charged a total of \$100, but subsequent changes will be assessed additional fees at \$100 per change request.

If you have any registration questions please call the Camps Office at (510) 981-5140, email recreation@cityofberkeley.info or look online at www.cityofberkeley.info/camps.

Consent and Release from Liability: In consideration for participation in Camps Programs, I for myself, heirs, successors, and assigns, agree to release, defend, indemnify and hold harmless the City, its officers, agents, volunteers and employees from and against any claims, demands, liability, damages, lawsuits or other actions, including but not limited to personal injury or death or property damage arising out of, or in any way connected with, my participation or the participation of my child/ward in Camps Programs. I give my consent to allow the City of Berkeley to use any photographed images of myself or my child in promotional materials and/or its website.

Signature of Parent/Guardian/Self: _____ Date: _____

Note: Each registration form represents a reservation for one (1) cabin. If your party requires multiple cabins, please fill out a registration form for each cabin needed.

Fish Camp Dates

May 31 (first meal is lunch) – **June 7** (last meal is breakfast)
June 17 (first meal is lunch) – **June 19** (last meal is breakfast)

NEW TUOLUMNE CAMPER (check for yes)

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Indicate names, age, arrival and departure dates on the spaces provided below. A full day consists of four quarters: breakfast, lunch, dinner and overnight stay (**B=Breakfast; L=Lunch; D=Dinner; N=Night**). *Stay is calculated from the quarter day you arrive to the last quarter day before you depart.* Circle the quarter day of your arrival and departure.

Adults (Ages 15 & Up)	DOB	Arrival Date	Circle One	Departure Date	Circle One	# of Days	x Rate	= Cost
EXAMPLE: Mary Kay	2/6/48	6/2/09	B (L) D N	6/5/09	B L (D) N	3½	\$55	\$192.50
			B L D N		B L D N			
			B L D N		B L D N			
			B L D N		B L D N			
			B L D N		B L D N			
			B L D N		B L D N			
			B L D N		B L D N			
Youth (Ages 7-14)	DOB	Arrival Date	Circle One	Departure Date	Circle One	# of Days	x Rate	= Cost
			B L D N		B L D N			
			B L D N		B L D N			
			B L D N		B L D N			
			B L D N		B L D N			
Child (Ages 3-6)	DOB	Arrival Date	Circle One	Departure Date	Circle One	# of Days	x Rate	= Cost
			B L D N		B L D N			
			B L D N		B L D N			
			B L D N		B L D N			
			B L D N		B L D N			
Infant (Under 3)	DOB	Arrival Date	Circle One	Departure Date	Circle One	# of Days	x \$0	= Cost
			B L D N		B L D N			0
			B L D N		B L D N			0
			B L D N		B L D N			0
Subtotal								\$

Total Cost	\$
25% Deposit	\$
Remaining Balance	\$