



# CAMP WATITOH

CENTER LAKE  
BECKET, MASS

## APPLICATION FOR ENROLLMENT

2010

*Directors  
Sandy Hoch  
William Hoch  
Suzanne Hoch*

*Office: 28 Sammis Lane  
White Plains, N.Y. 10605  
914-428-1894  
www.campwatitoh.com*

## PARENT'S COPY

Date \_\_\_\_\_

Camper's Name \_\_\_\_\_

### Charges for the 2010 Season

Tuition .....	\$7500.00
Canteen and Trip Deposit.....	\$ 250.00
<small>(Transportation charges to above)</small>	
Health and Accident Insurance.....	(Current Rate)

\$800.00 Reservation Fee accompanies this application. Payment of \$1200.00 is due on February 1, and Balance is payable on May 1. Parent agrees not to offer gratuities to the counselor staff.

(Please make checks payable to Camp Watitoh)

Received \_\_\_\_\_ Accepted by \_\_\_\_\_

# DIRECTOR'S COPY

Date \_\_\_\_\_

Please enroll \_\_\_\_\_ in Camp Watitoh  
for the 2010 season.

Tuition.....\$7500.00

Canteen and Trip Deposit.....\$ 250.00

(Transportation charges to above)

Health and Accident Insurance.....(Current Rate)

\$800.00 Reservation Fee accompanies this application. Payment of \$1200.00 is due on February 1,  
and Balance is payable on May 1. Parent agrees not to offer gratuities to the counselor staff.

Signed Mr./Mrs. \_\_\_\_\_

(Please Complete Other Side)

## ENROLLMENT INFORMATION

Residence \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Yrs. \_\_\_\_\_ Months \_\_\_\_\_  
(as of July 1)

School Grade (as of Sept. 2010) \_\_\_\_\_ Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Business Address \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_