

2010

CTT TRY-OUT WEEKENDS



Do you know someone who is thinking about camp for the summer, but is a little nervous about the “unknown”? This summer we will once again be hosting our CTT Try-Out Weekends, when potential campers can come to Camp Tall Timbers to ‘try-out’ for the weekend while camp is in session.

Dates: June 26th & 27th 2010
July 24th & 25th 2010

Schedule: Arrive at camp in time for lunch on Saturday, join in with all of our fun activities on Saturday, stay in our cabins, choose your activities on Sunday morning, and leave after lunch on Sunday afternoon.

Packing List: Change of clothes, tennis shoes, bathing suit, sweatshirt, 2 towels, flashlight, toiletries, PJs. We will provide linens, pillows, blankets etc.

Transportation: Transportation will be provided from Rockville MD at 10am, Baltimore MD at 10am, and Tyson’s Corner VA at 11am on the Saturday. On Sunday we will return to Tyson’s Corner at 4pm, Rockville at 5pm, and Baltimore at 5pm. You are also welcome to drive your child to and from camp (please contact us for directions).

Pick-Up Locations:	Baltimore, MD Pikesville Middle School 7701 Seven Mile Lane	Rockville, MD Rear of Federal Plaza East Jefferson Street	Tysons Corner, VA Bed, Bath & Beyond 8204 Leesburg Pike
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Fee: \$100, which will be credited towards any 2010 or 2011 summer session for all campers who enroll. Please make your check payable to Tall Timbers, Inc.

This is the perfect opportunity to ‘try-out’ for camp for next summer - we are sure we can make the cut!

To register, please complete the registration form overleaf and mail with payment to:



Camp Tall Timbers 3735 Spicebush Drive Urbana, MD 21704	(after June 1st)	Camp Tall Timbers Route 1, Box 472 High View, WV 26808
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or fax it to us at 301-874-0113 (after June 1st: 304-856-3765)



or register online at www.campalltimbers.com



For additional information call Glenn Smith or Emma Hully at 301-874-0111 (after June 1st: 304-856-3722) or toll-free at 800-862-2678

2010 Try-Out Weekends

REGISTRATION FORM



Camp Tall Timbers Try-Out Weekends Registration Form

Weekend (check one)	<input type="checkbox"/> June 26th & 27th	<input type="checkbox"/> July 24th & 25th		
Camper Name	Gender	M F		
Birth Date	Age	Grade (09-10)		
Parent/Guardian				
Parent/Guardian				
Home Phone	Email			
Address				
City	State	Zip		
Person to contact in case of emergency				
Emergency contact phone numbers	(O)	(H)		
Amount enclosed \$	<i>Payment is requested upon registration, 100% refundable with 24 hours notice</i>			
Fee: \$100, which will be credited towards any 2010 or 2011 summer session for all campers who enroll.				
Does your child (or has your child during the school year) require any chronic medication?	Y	N		
If Yes, please describe				
Transportation will be provided from Rockville, MD at 10am, Tysons Corner, VA at 11am, and Baltimore, MD at 10am, and return to Rockville at 5pm, Baltimore at 5pm, and Tysons at 4pm. You are also welcome to drive your child to and from camp. Please indicate your travel plans below:				
Arrival	<input type="checkbox"/> Rockville	<input type="checkbox"/> Tysons Corner	<input type="checkbox"/> Baltimore	<input type="checkbox"/> Parent
Departure	<input type="checkbox"/> Rockville	<input type="checkbox"/> Tysons Corner	<input type="checkbox"/> Baltimore	<input type="checkbox"/> Parent

It is understood that the camp has the right to use whatever pictures may be taken at camp for the purposes of promoting camper enrollment and/or in advertising the camp. I/We understand that campers are not permitted to have cell phones in camp. **"My child has permission to participate in all activity while at camp this summer, including, but not limited to, horseback riding, trampoline and other gymnastic programs and hockey, football and other field sports. I agree that the Camp will not responsible for any injuries that may be sustained by my child while participating in any activity at Camp unless such injury is directly caused by the gross negligence or willful acts of the Camp. In case of a medical emergency, I understand every effort will be made to contact parent or guardian of the camper. If I cannot be reached, I hereby give permission to the Physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. I further assign all medical payments directly to said Doctor and/or treating facility."**
I/We have read and agree to the terms contained in this document.

Mother's Signature

Father's Signature