

Project New Hope Registration Form

June 30 - July 3, 2018 (deadline to register June 20)

August 9-12, 2018 (Deadline to register July 31)

Child Name:

OFFICE USE ONLY
DATE RECEIVED:

This retreat is for a disabled v	eterans and their immediate family.	Priority is given to first time families.
No pets permitted, service dog	s are welcomed with health certifica	te from veterinarian.
-	ry of your DD214 and your VA Entitle odge Camp, 114 SR 103 South, Moun	ement Letter with the registration form, nt Union, PA 17066
Veteran's Name (First/Last):		
Military Branch and Period(s) or	f Service:	
Spouse Name (First, Last)		
Address:Street		
City		
State	Zip code	
Home Phone #:	Cell Phone #:	
Email Address:		
Child Name:		Age:

Do any of the family members have special needs or allergies we should be aware of:
No Weapons and/or Illegal Drugs are permitted on Camp Property.
Do you require assistance with traveling? Yes or No
WAIVER OF RESPONSIBILITIES:
I FULLY UNDERSTAND THAT AFTER REASONABLE PRECAUTIONS ARE TAKEN, THERE ARE CERTAIN HAZARDS CONNECTED WITH CAMPING, AND I RELEASE THE PA LIONS BEACON LODGE CAMP AND ITS DIRECTORS, AGENTS, AND EMPLOYEES FROM LIABILITY CONNECTED WITH CAMP ACTIVTIES.
I FURTHER AGREE TO RELEASE TO BEACON LODGE CAMP ALL RIGHTS AND PRIVILEGES TO PHOTOGRAPHS OR VIDEOTAPES TAKEN OF ME AND MY CHILDREN TO BE USED FOR CAMP PUBLICITY THAT IS IN THE PROPER INTEREST OF THE CAMP.
I HAVE READ OR HAVE CAUSED THIS TO BE READ TO ME, AND DO HEREBY ACKNOWLEDGE THAT I UNDERSTAND EACH AND EVERY PART.
DATE: SIGNATURE: