



CAMP HALE ALUMNI ASSOCIATION

453 South Main Street, Attleboro, MA 02703

CampHaleAlumni.org

CHAA ALUMNI WEEKEND RESERVATION FORM

August 24 to 28, 2022

All applicants who are attending Alumni Weekend and guests must fill out and sign a separate reservation form. Please clearly print all information below and sign the Hold Harmless Agreement.

IF YOU SHOW UP AT CAMP WITHOUT PRE-REGISTERING, OR PRE-PAYING, A \$100 CHARGE WILL BE ADDED.

Name (Please Print): _____ Cabin: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: (home) _____ (cell) _____

E-mail address: _____

In Case of Emergency, Contact Name: _____ Number: _____

ANY FOOD ALLERGIES OR RESTRICTIONS? IF SO, WHAT? _____

Fee
\$50.00-----DUES (Registration does NOT INCLUDE annual dues.)\$ _____

\$250.00-----Discount Weekend Fee if postmarked before July 25, 2022.....\$ _____

\$300.00-----Standard Fee if Postmarked after July 25.....\$ _____

\$100.00-----One Day (24 hr.) Attendance. What Day(s)?.....\$ _____

\$180.00-----Ages 18-24 (\$175.00 Weekend Fee plus \$5.00 DUES =\$180.00)\$ _____

Total amount of Check(s): (do not send cash)\$ _____

Make all checks payable to: CAMP HALE ALUMNI ASSOCIATION, or CHAA
Mail reservation form and check to: Joe Shamatta, 211 Country Way, Scituate MA 02066

You are encouraged to pay online, just please keep a copy of your receipt email on your phone for verification.
You may also complete and sign this form and send me a photo of it via text or email.

I understand that participation in the Camp Hale Alumni Weekend, sponsored by the Camp Hale Alumni Association, Inc., may involve a certain degree of risk that might result in disease, injury, death, or loss or damage to person or property. After careful consideration of the risks involved, and in view of the fact that Camp Hale, its owner USES, and the Camp Hale Alumni Association are non-profit organizations, by my signature below, I hereby release, hold harmless, and waive any and all claims associated with Camp Hale Alumni, Inc., Camp Hale, and USES which I may have against them, employees, officers, directors, agents, volunteers and members.

Applicant's signature: _____ Dated: _____

CHAA WILL BE PROVIDING ONLY NON- ALCOHOLIC BEVERAGES DUE TO INSURANCE REGULATIONS.
FISHING LICENSES ARE REQUIRED AND ARE THE RESPONSIBILITY OF THE FISHERMEN.

Any questions contact Joe Shamatta at 978-317-6633 or DrJoeShamatta@aol.com.
~Joe Shamatta - Chairman

WE LOOK FORWARD TO SEEING YOU!!!!!!