



# CAMP HALE ALUMNI ASSOCIATION

453 South Main Street, Attleboro, MA 02703

CampHaleAlumni.org

## CHAA ALUMNI WEEKEND RESERVATION FORM

August 24 to 27, 2023

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-----	<b>DUES</b> (Weekend Fee does NOT INCLUDE annual dues.) .....\$ _____
\$250.00-----	Discount Weekend Fee if postmarked before July 23, 2023.....\$ _____
\$300.00-----	Late Weekend Fee if postmarked after July 23.....\$ _____
\$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!!!!!!