

Just when you thought it was safe to put away your duct tape . . .

NHICC **CREATIVITY** CAMP

SUMMER 2009

Camp Gottalikachallenge-Nite

..... *it's what's for summer!*



WHAT?

- ★ It's totally **WOW** and thoroughly **ZANY!**
Six-days of **OVERNIGHT Camp Gottalikachallenge** brought to you by
NHICC (New Hampshire's Incredible Creativity Connection)!
Unparalleled creative FUN from dawn to dusk and beyond
 - ◆ Help visiting aliens SURVIVE
 - ◆ Join the wackiest relay race ever!
 - ◆ Play with your food
 - ◆ Try brain-boggling activities
 - ◆ And swimming, hiking, sports, games and more!

WHEN?

- ★ August 9 -- 14 ~ New Hampton School, New Hampton, NH (www.newhampton.org)

WHERE?

- ★ August 16 -- 21 ~ Brewster Academy, Wolfeboro, NH (www.brewsteracademy.org)

WHO?

- ★ ANY CHILD entering 5th through 9th grade who likes to have F-U-N!
NO prior experience with NH-DI or creative problem solving needed!
Requirements for Campers: Enthusiasm for group activities, curiosity, a sense of humor and enjoyment of problem solving.
CG-N provides campers with a caring and creative environment. Campers are expected to treat one another with respect, to approach activities with an open mind and to contribute in a positive way to the **Camp Gottalikachallenge-Nite** experience.
CG-N reserves the right to dismiss any camper for inappropriate behavior or failure to conduct themselves in a cooperative fashion.
Space is reserved on a first-come, first-served basis to 60 campers at each site.

STAFF?

- ★ Our Gotta Camp creativity staff includes a Director, five experienced coaches/counselors and five assistant/junior counselors. Most adult staff have degrees in education and/or extensive experience with NH *Destination ImagiNation* and are skilled in directing creative problem solving activities. Each coach also has a special skill or talent to share with the campers. In addition, our summer staff is planning some unusual games to play with our campers – hmm!

COST?

- ★ The total cost per child for the overnight session is \$525 or \$575 after 6/15/09. The camp fee includes three meals per day, all activities, project materials, a camp T-shirt, and priceless memories!
- ★ A **non-refundable deposit of \$125** must accompany the completed registration form and be returned by **ASAP**. The balance is due on or before **July 1, 2009**.
- ★ **Late registrations WILL always be taken if space is available.**
- ★ A confirmation packet will be sent in June that will include a packing list, health forms, a schedule, a map to your site and additional information about activities and what to bring to **Camp Gottalikachallenge-Nite**.

MORE?

- ★ For information, call the **Gotta HOTLINE:** 1-603-868-2140 or email: jill@nh-di.org
- ★ Return form to: Camp Gottalikachallenge-Nite -- 24 Mill Road – Durham, NH 03824

24 Mill Road
Durham, NH 03824

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REGISTRATION FORM (v.2)

August 9-14~New Hampton School

August 16-21~Brewster Academy

I. CAMPER INFORMATION: Use a separate form for each applicant. GIRL BOY AGE _____

NAME: _____ DOB: _____

ADDRESS: _____ GRADE IN SEPT. 2009: _____
Number and Street

City State Zip PHONE: _____

FAMILY EMAIL: _____ We WILL send Camp Information by email.

II. GETTING TO KNOW YOU:

A. Since most of our activities require team participation, please check the area(s) in which you feel you have ability/skill and could contribute to the team OR just tell us what you like to do!

- acting script writing prop construction music
 artwork mechanical wizardry other _____

B. Have you ever spent 5 days away from home or at an overnight camp? _____ Did you have fun? _____
Tell us: _____

C. Creative Problem Solving Experience (Gottalikachallenge, Destination ImagiNation, etc.):

- Gotta-Nite Camp School Not Yet!

III. T-SHIRT SIZE: Youth L Youth XL Adult M Adult L Adult XL

IV. PARENT/GUARDIAN INFORMATION: Camper resides with: Both parents Mother Father

FATHER'S NAME: _____ DAYTIME PHONE: _____

MOTHER'S NAME: _____ DAYTIME PHONE: _____

V. PHYSICAL/HEALTH CONCERNS: Does your child have any physical conditions or health issues (i.e. asthma, hearing impairment, etc.) , require special services during the school year or are there any concerns of which the staff should be aware? If yes, please explain briefly at this time.

- NO YES _____

The Small Print Your signature indicates that you have read and approved the following:

I authorize Camp Gottalikachallenge-Nite to use still and/or video photographs of my child to promote this program.
 I understand that Camp Gottalikachallenge-Nite is not responsible for my child's personal property.
 I understand that a camp medical form must be submitted prior to my child beginning camp, and that it will include significant health or medical information which would help the staff understand or work with my child. All campers are required to show proof of medical insurance coverage and bring a copy of their health card.
 In case of cancellation before July 1, 2009, the deposit will be kept and the balance of the monies paid will be returned. After July 15, 2009, there will be no refund of tuition.

Signature: _____

Return this form **ASAP** to: **Gotta Camp - 24 Mill Rd - Durham, NH 03824** with a **non-refundable deposit of \$125/camper or full payment of \$525 – AFTER 6/15/09, \$575**. The balance is to be paid in full by July 1, 2009. Late applications **WILL** always be taken if space is available.

Checks should be made payable to **Camp Gottalikachallenge**. Check # _____ Visa/MC may also be used.

Please charge \$ _____ to my Master Card Visa Expiration Date: _____

Card # _____ Signature _____