

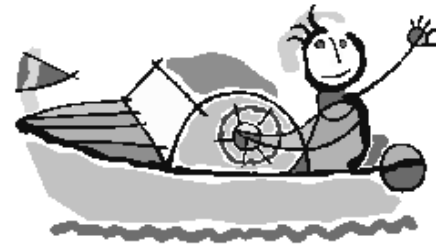
Just when you thought it was safe to put away your duct tape . . .

NHICC **CREATIVITY** CAMP

SUMMER 2015

Camp Gottalikachallenge

..... 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
 - ◆ FLOAT AWAY
 - ◆ Explore the potential of the POTATO!
 - ◆ Play with your FOOD!
 - ◆ Try brain-boggling activities
 - ◆ And swimming, sports, games, duct tape and more!

WHEN? &

- August 2 -- 7 ~ Brewster Academy, Wolfeboro, NH (www.brewsteracademy.org)

WHERE?

- August 9 --14 ~ 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 provides campers with a caring and creative environment.
Gotta Campers are expected to treat each other with respect, to approach activities with an open mind and to contribute in a positive way to the camp experience.
CG reserves the right to dismiss any camper for inappropriate behavior or failure to conduct themselves in a cooperative fashion.

STAFF?

- Our Gotta Camp creativity staff includes a Director, experienced coaches/counselor and assistants/junior counselors. Most adult staff have degrees in education and/or extensive experience with *Destination ImagiNation* and are skilled in directing creative problem solving activities. Each staff member has special skills or talents to share with the campers and plans unique games and activities to play with our campers – hmmm!

COST?

- The total cost per child for the overnight session is **\$675 (\$750 after 5/1/15)**.
The camp fee includes three meals per day, all activities, project materials, a camp T-shirt, and priceless memories!
- A **non-refundable deposit of \$150** must accompany the completed registration form and be returned by **ASAP**. The balance is due on or before **July 1, 2015**.
- Late registrations WILL 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**.

MORE?

- For information, call the **Gotta HOTLINE:** 603-868-2140 or email: camp@nh-di.org
- Mail form to: Camp Gottalikachallenge – 24 Mill Road – Durham, NH 03824
- or scan form and email to camp@nh-di.org

Camp Gottalikachallenge REGISTRATION FORM

August 2--7 ~ Brewster Academy I

August 9--14 ~ Brewster Academy II

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

FULL NAME: _____ NICKNAME: _____ DOB: _____

ADDRESS: _____ ENTERING GRADE (Fall 2015): _____
Number and Street

_____ HOME PHONE: _____
City State Zip

FAMILY EMAIL: _____ All GLC materials will be sent 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 (Camp Gottalikachallenge, Destination ImagiNation, etc.):

Gotta Camp School Not Yet!

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

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, require special services during the school year or are there any other concerns of which GLC staff should be aware? If yes, please explain briefly.

NO YES _____

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

I authorize Camp Gottalikachallenge to use still and/or video photographs of my child to promote this program.

I understand that Camp Gottalikachallenge 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 May 1, 2015, the deposit will be kept and the balance of the monies paid will be returned. After June 1, 2015, there will be no refunds.*

Signature: _____

Return this form **ASAP** to: **Gotta Camp – 24 Mill Rd - Durham, NH 03824** with a **non-refundable deposit of \$150/camper or full payment of \$675 – AFTER 5/1/15 \$750** The balance is to be paid in full by July 1, 2015. 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 Name on Card: _____

Billing Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Card # _____ Exp. Date: _____ Signature _____