

JUNIOR TRAVEL CAMP

Campers can enjoy 1/2 day local trips and have fun with friends doing different activities. Campers will travel on a school bus to a different location each day. Camp will depart and return to Woolsey Park each day.

Grades 3 - 6
1:00 - 4:00 pm
Woolsey Park



Session 1
7/13 - 7/17

Session 2
7/20 - 7/24

Session 3
7/27 - 7/31

Session 4
8/3 - 8/7



Program Fee:

\$320 - HT Residents
\$300 - Non-Residents



Junior Travel Camp

Mon

Tue

Wed

Thu

Fri

Session 1	7/13 Ultra Zone Laser Tag	7/14 Duncraven Farm	7/15 Hopewell Valley Pool	7/16 Bowling & Mini Golf	7/17 Sky Zone
Session 2	7/20 Colonial Bowling	7/21 Color Me Mine	7/22 Hopewell Valley Pool	7/23 Mercer County Stables	7/24 Sky Zone
Session 3	7/27 Ultra Zone Laser Tag	7/28 Indi Studio	7/29 Hopewell Valley Pool	7/30 Bowling & Mini Golf	7/31 Sky Zone
Session 4	8/3 Colonial Bowling	8/4 Color Me Mine	8/5 Hopewell Valley Pool	8/6 Roller Skating	8/7 Sky Zone

*Itinerary is subject to change if needed.



Color Me Mine®



**Junior Travel Camp
Various Locations
4 Sessions Available
1-4pm
For children in Grades 3-6**

Our younger campers can now enjoy half-day local trips and have fun with friends doing different activities! Campers will travel to locations such as Sky Zone, Colonial Bowling, and more! Sign up for one or multiple weeks!

This camp can be paired with Rec Camp in the Park and Lunch Bunch to make a full day of camp for your child, starting at 9am and ending at 4pm.

**HOPEWELL TOWNSHIP PARKS AND RECREATION DEPT.
SUMMER CAMP REGISTRATION FORM - 2026**

Participant Information:

Name: _____ DOB: _____ Age: _____ FALL 2026 Grade: _____ Gender: _____

Address: _____
Street City, state, zip

Primary Contact (Parent or Guardian):

Name: _____ Email: _____

Cell Phone: _____ Home Phone: _____

_____ **Session 1 (July 13-17)**

_____ **Session 2 (July 20-24)**

_____ **Session 3 (July 27-July 31)**

_____ **Session 2 (Aug. 3-7)**

**Program Fee: \$320
HT RES Fee: \$300**

Refund Policy:

Refund requests **MUST** be made in writing or through email - refund amount will be determined by the number of days prior to the start of the program that notification is received.

45+ days = Full Refund - \$35 admin. fee

If you withdraw within less than 45 days from the start of the camp, you will either receive a percentage of your paid fee or will receive full refund -\$35 admin. fee (whichever is less). Percentage fees will be calculated by the price of the camp and will be as follows:

15-44 days = 75% refund; 6-14 days = 50% refund; 1-5 days = 25% refund; No refund once camp begins

Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified in writing of your expressed desire to be excluded.

HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE: Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in the Bulldog Soccer program. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

Please be aware my child has the following medical conditions:

SIGNATURE OF PARENT: _____ DATE: _____

Make checks payable and send to:

Amt. Remitted: _____

Phone # (609) 737-3753

HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.

201 Washington Crossing-Pennington Road

Titusville, NJ 08560