

## Vision Statement

Youth, Their Families and Community, One Day, One Child, One Community at a time.



## Mission Statement

To provide a range of programs that utilize the community resources and the principles of martial arts to reach the youth, their families, to help strengthen the families, create a self sustaining household and community.



NORMAL Inc. outreach programs will support the youth and their families in their personal and professional development.

NORMAL Inc. will enhance opportunities for the youth, their families and the community by providing outreach programs and resources to maintain strong family and a community that is safe, self sustaining, supportive compassionate, and encouraging for all.

These yearly outreach programs offered will be maintained exclusively for the charitable and educational purposes of serving the youth and their families.



We invite you to join us at the N.O. R. M. A. L. Challenge Camp in Swanton, Maryland



See you at Camp!



## Contact Information

N.O.R.M.A.L. Headquarters  
625 West Franklin Street  
Hagerstown, Maryland 21740

Phone: 301-393-0900

Fax: 301-393-0900

Email: [garryholman@wnormalhdqt.org](mailto:garryholman@wnormalhdqt.org)

Web Site: [www.wnormalhdqt.org](http://www.wnormalhdqt.org)

# 10th ANNIVERSARY



## AUGUST 9-13, 2012

## SWANTON MARYLAND



I welcome you all to a weekend of recreational educational training and fun with me and my friends from all over the country.

**Master Garry Holman**  
(N.O.R.M.A.L.)

Enhance your First Aide /CPR , Kayaking Canoeing, Archery, Martial Arts Skills in : Weapons, Forms, Fighting, Breaking, Hiking Swimming , Fishing, and more!



# Challenge Camp 10th Anniversary



is headed to the hills of Western Maryland for our 10th Anniversary of the N.O.R.M.A.L. Challenge Camp. Master Garry Holman and the staff will host this camp. Master Garry Holman will hand select the staff and other instructors for camp to be on hand to share their knowledge.

### Camp Activities:

- |                       |                   |
|-----------------------|-------------------|
| CPR Training          | Rape Escape       |
| Dance For Your Health | Challenge Course  |
| Scavenger Hunt        | Fishing Derby     |
| 4K Run                | Archery           |
| Leadership Training   | Camp Fire         |
| Swimming              | Canoeing          |
| Star Gazing           | Arts & Crafts     |
| Team Challenges       | Creative Writings |
| Ask The Masters       | Camp Trivia       |
| and more!!!           |                   |

### Martial Arts Programs:

- |                 |                        |
|-----------------|------------------------|
| Breaking        | Basic Bo Staff Seminar |
| Escrima Seminar | Self Defense           |
| Kickboxing      | Basic Hap Ki Do        |
| Tae Kwon Do     | Shotokan               |
| Tang So Do      | Basic Kumdo            |
| Chambara        | Point Sparring         |
| and more!!!     |                        |

We will plan for four fun filled recreational/ educational days of camp activities along with some of the best instruction available in the United States.

All martial artist and non-martial artist as well as family members are invited to join. Master Holman recommend that all the campers be at least 7 years old and have been away from home prior to this camp. Parents are encouraged to attend and to participate in the weekend of activities

***A Family that Plays together, Stays together!***

## What is Challenge Camp?

For the those wondering what this is about??? It's a weekend of fun! If you'd like to train outdoors, if you'd like to learn more skills, if you like campfires, and if you'd like to meet and hang out with the other like-minded summer fun junkies, then this is the weekend for you!



The set-up is any attending instructor is invited to teach a session on whatever they would like (usually something they specialize in or that is unique to their art). Past sessions have included Kickboxing, First Aide Certification, Rape Escape, Martial Weaponry, Breaking, Hap Ki Do, Tae Kwon Do, Shotokan, Kung Fu, Physical Fitness Challenge, Grandmaster Eric Lee Fight Choreography, Team demonstrations techniques, and long & short stick-fighting exercises.

Sessions last from 30 min to 1hr, depending on the topic. We train all day Saturday until late afternoon (with light lunch, snack and water breaks), Morning Prayer, train Sunday morning, and usually head home after a late lunch Monday. Saturday night is for relaxing (group activities). There's cabins to sleep in with limited sleeping space (a few bunks, some couches and floor space)

**Items Needed:** Bring a good attitude and open mind! Our goal isn't to change your style, but to give you something to add to your trying. Bring paper and pencil to take notes and your camera to capture the memories and the local bears. All participants should bring their uniform and belt, sweat pants, running shoes and other workout clothing for the weekend.

## Other items to remember:

Sleeping bag, flashlight, loose fitting training clothes (gi pants and t-shirt are common), weapons (i.e. wooden knife, jo, bokken, sai) hat, sun block, rainwear, bathing suit & towel, shower shoes (there's a nearby lake), warmer clothes for the evening, deck of cards or musical instrument, personal kit (there's separate shower facilities with hot & cold running water), bug repellent, small first aid kit and fishing rod for fishing contest.

## Camp Package

**Price: Adults-\$425.00 Children-\$400.00**

**Special Family Rates are Available**

( CALL 301-393-0900– Tracy or Garry)

- Lodging for four nights
- Camp T-shirt
- Breakfast, Lunch and Dinner included
- Ask The Masters Snacks and Camp Fire Ring
- Professional Martial Arts Training Fishing & Swimming (children age 16 & adults are required to have MD fishing license)
- Camp Certification
- Camp Champ Karate Tournament ( Awards will be presented. All must have complete uniform and all safety equipment)



***Anyone can Kick and Punch,  
but can you Teach a correct Punch or Kick?***

# NORMAL CHALLENGE CAMP

August 09-13, 2012

## REGISTRATION FORM

If you prefer, register by telephone [301-393-0900](tel:301-393-0900)

### GROUP LEADER INFORMATION Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender:  Female  Male

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ (Include country and/or area code with telephone & fax)

Please list medical conditions: \_\_\_\_\_

### CHALLENGE CAMP FEES Please see the Medical History/Waiver for details and complete individual medical forms for appropriate box.

All fees listed are in U.S. Funds. This fee includes registration, lodging, free camp t-shirt and 3 meals a day.

Registration Fee

**Adult \$425.00**

**Children \$400.00**

	Name	Age	Child	Teen	Adult	Male/Female	Rate
1							\$
2							\$
3							\$
4							\$
5							\$
6							\$
7							\$
8							\$
9							\$
10							\$
11							\$
12							\$
13							\$
14							\$
15							\$
16							\$
17							\$
18							\$
19							\$
20							\$
21							\$
22							\$
23							\$
24							\$
25							\$
26							\$
27							\$
28							\$
29							\$
30							\$
						<b>Total</b>	\$

**Challenge Camp Products**

Circle the size on the chart

Name	Check Color					Color
10 <sup>th</sup> Anniversary Camp Shirt \$24.00						WHITE ONLY
10 <sup>th</sup> Anniversary Sweat Shirt \$40.00						WHITE ONLY
10 <sup>th</sup> Anniversary Sweat Shirt Hooded \$45.00						WHITE ONLY
NORMAL Embroidered Hat \$16.00						White Black
NORMAL Embroidered Golf Shirt \$30.00						White Black Red
NORMAL T-shirt \$20.00	CH-L	Small	Medium	Large	X-Large	White Only
NORMAL Sweat Shirt \$35.00	CH-L	Small	Medium	Large	X-Large	White Grey
NORMAL Sweat Shirt Hooded \$40.00	CH-L	Small	Medium	Large	X-Large	White Grey

**Camp Care Packages**

Tenth Anniversary Package	Movie Pack	Care Pack 1	Care Pack 2	Care Pack 3	Care Pack 4
<p><b>All of the Contents of Care Packs 1 &amp; 4</b></p> <p><b>NORMAL Signature Hat \$50.00</b></p>	Contains: Movie Size Box of Candy 12oz Soda Unlimited Popcorn <b>\$8.50</b>	Contains: NORMAL Bracelet Paddle Ball Flash Light Deck of Cards Puzzle Book & Pen <b>\$13.00</b>	Contains: NORMAL Bracelet Paddle Ball Flash Light Deck of Cards Puzzle Book & Pen Laundry Bag <b>\$20.00</b>	Contains: All of the Contents of Care Pack #2 Sunscreen <b>\$27.00</b>	Contains: All of the Contents of Care Pack #3 Pillow & Pillow Case <b>\$37.00</b>

**TOTAL DUE WITH REGISTRATION \$ \_\_\_\_\_**

**PAYMENT METHOD – Full payment is due prior to receiving camp confirmation.**

Please see registration information for details. Checks/money orders must be in U.S. funds payable to: **NORMAL INC.** There will be a **\$25.00** fee charged on checks returned by the bank due to insufficient funds. Make checks payable to **NORMAL INC.** in U.S. funds.

Payment Type       Check       VISA       MasterCard       Garry the Duck Scholarship       Money Order

Cardholder's Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Verification Code \_\_\_\_\_ Billing ZIP \_\_\_\_\_

Fees for late arrivals, and early departures will not be refunded. Cancellations or changes resulting in a refund must be received by July 23 and are subject to a \$50 administrative fee. After July 23 registration fees are non-refundable. Refunds will be processed after the camp. No refunds will be made for no-shows. Substitutions are permitted. A returned check fee of \$25.00 will be assessed for all returned checks and money orders or cashiers check will be required for future payments..

Registration Questions, contact NORMAL INC. (301) 393-0900, [info@wnormalhdqt.org](mailto:info@wnormalhdqt.org)  
 Challenge Camp Program Questions, contact Garry Holman or Tracy M. Schindel, (301) 393-0900

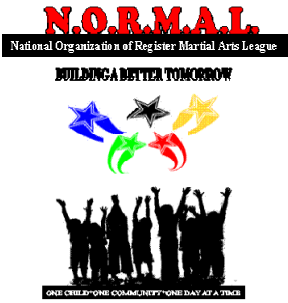
Mail Registration Form to:

**NORMAL INC.**  
**625 West Franklin Street**  
**Hagerstown, Maryland 21740**

Fax Form to: (301) 393-0900 or Register Online at: <http://wnormalhdqt.org>

NORMAL INC. is an equal opportunity/affirmative action 501 (c) (3) Non-profit and complies with all Federal and Maryland State laws, regulations, and executive orders regarding affirmative action requirements.

*Please do not submit credit card information via email; security cannot be guaranteed. You may fax or telephone credit card information.*



# Medical Waiver Form

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: F M  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Mothers Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
If parents are divorced, custodial parent: \_\_\_\_\_

In case of an emergency and parents cannot be contacted, please call:  
Relative – Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Neighbor – Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
(One of these individuals should be available to pick up your child if necessary)

Health Information:  
Insurance Policy: \_\_\_\_\_ Policy # \_\_\_\_\_ Group #: \_\_\_\_\_  
Doctor’s Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Is the camper allergic to any drugs? Yes No Please Specify: \_\_\_\_\_  
Does the camper have any allergies? Yes No Please Specify: \_\_\_\_\_  
Date of last tetanus booster: \_\_\_\_\_  
Is the camper currently on medications that will be necessary to continue during camp? Yes No  
Please Specify? \_\_\_\_\_  
May child be given Motrin/Tylenol, Benadryl, cough syrup, or spray as needed? Yes No

Circle any of the following which have been a health problem and explain:  
Frequent colds, sore throat, or ear aches fainting heart, kidney, or lung trouble  
Diabetes tuberculosis bed wetting, sleepwalking asthma

Non-prescription and prescription medicine must be turned into the camp nurse, with the exception of inhalers and bee-sting kits, please label all medications.

Behavioral Concerns: \_\_\_\_\_  
Activity Restrictions: \_\_\_\_\_  
Please specify any health issues concerning the camper, not listed above, that would be helpful for us to know.

MEDIA RELEASE: By signing this form, I release and waive any and all claims’ arising out of the use, by N.O.R.M.A.L. Inc. and its authorized designee, of my child’s likeness and/or voice, on film, promotional literature, feature film and/or other program picture, which may be exhibited or broadcast on television, radio, or in motion picture theaters, schools, or other educational institutions.  
Parent Signature (camper if 18 or older): \_\_\_\_\_ Date: \_\_\_\_\_

IN CASE OF INJURY OR ILLNESS, “I hereby give consent for hospitalization or medical treatment by a licensed medical doctor when deemed necessary by the camp for the welfare of said minor. I understand every effort will be made to notify parents or guardian of camper. I acknowledge that I have read this form completely and understand the camp’s policies.”  
Parent signature (camper if 18 or older)” \_\_\_\_\_ Date: \_\_\_\_\_



# N.O.R.M.A.L.

ONE CHILD, ONE COMMUNITY, ONE DAY AT A TIME

Dear Camper,

Congratulations! We have received your camp reservation and are looking forward to seeing you in August. I have enclosed a waiver and medical form for you to fill out and send back. Please do this as soon as possible so that I can continue to get things organized for the “10<sup>th</sup> Anniversary Weekend” in Grantsville. (Please mail these forms back to me instead of handing it to me the day of camp.) I am also enclosing a lunch form for the first day of camp and a camp bunk package form. If your Parents plan to have lunch with us on Friday noon at Grantsville, please fill out this form and return it with the medical and waiver forms.

You are assigned to bring \_\_\_\_\_ for the camp fire munchies.

You must be able to carry all of your own baggage do not over pack.

We will be meeting in Hagerstown (if you wish) at 3:00 pm on August 9<sup>th</sup> at NORMAL Inc., (625 West Franklin Street, Hagerstown MD 21740.) We will be leaving at 3:30 pm sharp. We will be arriving at camp approximately 6:00 -6:30. On Monday August 13 we will leave camp approximately 1:00 pm and arrive in Hagerstown approximately 3:30 pm at NORMAL Inc. The phone number for the camp is 301-334-6960. Please only use this number if there is an emergency. If your child is on prescription medication and must take it while we are away, you must fill out and sign the prescription medication section in its entirety. I must be aware of this medication and it must be given to me to hold while we are away. The only exception to this rule is that if your child uses an inhaler they may keep that on their person. If your child has nightmares, sleepwalks, has a fear of water, etc., please let me know ahead of time. A dangerous or embarrassing situation can be avoided by simply being informed.

Aside from the lunch Friday, please refrain from visiting camp unless there is an emergency. It becomes a head count issue for us if there are too many coming and going. Also, there will be no leaving camp this year unless it is an emergency. Again, I apologize for this but keeping track of everyone is the staff responsibility and it becomes difficult due to the number of campers.

Please do not forget your pennies for the penny drive. We are using the money to continue our “GARRY GOES TO CAMP” Scholarship fund. This scholarship will be available for campers 2013 in scholarship increments based on donations and number of applicants.

Included in this letter is a packing list but we needed to note that you are NOT to bring the following items: Jewelry, Boom box, pet dog, cigarettes, alcohol, inappropriate clothing or language on clothing. No smoking or drinking allowed at all on camp grounds.

This is noted on packing checklist but needs to be touched upon here **CELL PHONES ARE NOT TO BE USED AT ANY TIME OTHER THAN SPECIFIED TIMES LISTED.** – most do not work anyway – if an emergency arrives, Miss Tracy will allow her cell phone to be used. Thank you for your cooperation.

See you at camp,  
Miss Tracy



N.O.R.M.A.L.  
625 West Franklin Street  
Hagerstown MD 21742  
301-393-0900

## NORMAL CHALLENGE CAMP

### CAMP 2012 PACKING CHECKLIST

Flashlight  
Shower Shoes  
Bath Towel (for shower) 2-3  
Wash Cloth 2-3  
Soap in a carrier or plastic bag  
Toothpaste and Toothbrush  
Shampoo  
Deodorant  
Tissues  
Fishing Rod if you have one  
Karate Weapon (One) to work out with  
Shorts, T Shirts (not your best Tommy shorts)  
Sweatshirt/Light Jacket  
Jeans (It really does get cold at night)  
Good Positive Attitude  
Small tablet and pencil or pen  
Sunscreen and Bug Spray  
Team t-shirt or karate school t-shirt  
Two pair of Karate pants (old ones are best)  
Bathing Suit and Towel (girls please use some discretion)  
Twelve pack of bottled water (small bottles preferred to reduce the waste)  
Full Karate Uniform and belt  
Full safety equipment and mouth piece  
Sleeping Bag  
Pillow  
Extra Blanket if your camper gets cold  
Pajamas/Nightwear (girls please use discretion)  
2 Pair Tennis Shoes  
Plastic Bag for wet clothes  
Musical instrument  
Garry the Duck Penny Can

**SPECIAL NOTE: CAMERA AND FILM ELECTRONICS AND CELL PHONES CAN BE BROUGHT BUT WE WILL NOT BE RESPONSIBLE FOR LOST OR STOLEN OR DAMAGED ITEMS.**

**CELL PHONE USAGE WILL ABSOLUTELY NOT ALLOWED DURING ANY ACTIVITY.**

PHONE USAGE WILL BE MONITORED  
RECEPTION AT OUR CAMP IS NOT VERY GOOD, BUT IN CASE OF AN EMERGENCY MISS TRACY'S PHONE WILL BE USED.

**N.O.R.M.A.L.**

National Organization of Registered Martial Arts League

**BUILDING A BETTER TOMORROW**



**ONE CHILD \* ONE COMMUNITY \* ONE DAY AT A TIME**

## Garry The Duck Scholarship Application

N.O.R.M.A.L., Inc  
625 W. Franklin Street  
Hagerstown, Md 21740  
301-393-0900

### Household Information:

Important – List complete information.

Head of Household:	_____	AGE	_____	M/F	_____	Birth Date	_____
Spouse or Mate:	_____	AGE	_____	M/F	_____	Birth Date	_____
Family Member	_____	AGE	_____	M/F	_____	Birth Date	_____
Family Member	_____	AGE	_____	M/F	_____	Birth Date	_____
Family Member	_____	AGE	_____	M/F	_____	Birth Date	_____
Family Member	_____	AGE	_____	M/F	_____	Birth Date	_____

Street Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Monthly Rent or Mortgage Amount: \_\_\_\_\_ Monthly Utilities \_\_\_\_\_

Monthly Gross Income \_\_\_\_\_ Spouse Income \_\_\_\_\_

Any other form of Household Income Y/N \_\_\_\_\_ Amount \_\_\_\_\_

Please provide proof of Income: Check Stubs/ W-2/ Front Page Tax Return

Please note: Full scholarship is not guaranteed. Partial Scholarships are awarded and all scholarships are based on income. You will be notified within 10 working days of the status of Your Account. A Full explanation and worksheet will be available to you upon request.