

Camp Chateaugay

Enrollment Application for Summer of 2011

Camper's Full Name _____ Nickname _____

Mailing Address _____

City _____ State/Province _____ Country _____ Zip _____

Male Female Date of Birth ____/____/____ Present School Grade _____ School _____
Month Day Year

Home Telephone _____ Area Code _____ Home Fax _____ Area Code _____

Father's Full Name _____ Business Phone _____

Business Fax _____ Cell Phone _____

Mother's Full Name _____ Business Phone _____

Business Fax _____ Cell Phone _____

Are Parent's Separated or Divorced? Yes No Do you want information sent to both parents? Yes No
 If appropriate, please provide the following information and mailing address of separated / divorced parent:

Name _____ Telephone _____

Street _____ City _____

State / Province _____ Country _____ Zip _____

PARENT'S E-MAIL _____ CAMPER'S E-MAIL _____

PLEASE CHECK THE APPROPRIATE ITEMS REGARDING THIS ENROLLMENT:

SESSION	SESSION DATES	CAMPER RATE	CIT RATE
<input type="checkbox"/> Full Session	June 23 - August 10, 2011.	\$8,975.00	\$ 5 2 5 0 . 0 0
<input type="checkbox"/> First Session	June 23 - July 17, 2011.	\$5,550.00	\$ 4 0 0 0 . 0 0
<input type="checkbox"/> Second Session	July 17 - August 10, 2011.	\$5,200.00	\$ 4 0 0 0 . 0 0
<input type="checkbox"/> 2 Full Session	Campers must be siblings	\$17,400.00	\$ 9 9 5 0 . 0 0

ADDITIONAL FEES:	FULL SUMMER	HALF SUMMER
<input type="checkbox"/> CANTEEN (ALL CAMPERS)	\$ 1 5 0 . 0 0	\$ 1 5 0 . 0 0
<input type="checkbox"/> C.I.T. TRIP FEES	\$ 3 0 0 . 0 0	\$ 1 5 0 . 0 0
<input type="checkbox"/> HORSEBACK RIDING	\$ 5 0 0 . 0 0	\$ 3 1 5 . 0 0
<input type="checkbox"/> GOLF	\$ 2 1 0 . 0 0	\$ 1 5 0 . 0 0
<input type="checkbox"/> NORTHERN LIGHTS (FINISHING GR. 8)	\$ 1 9 5 . 0 0	\$ 9 7 . 5 0
<input type="checkbox"/> WILDERNESS (FINISHING GR. 9)	\$ 2 8 0 . 0 0	N/A

*Each enrollment must be accompanied by an enrollment deposit of \$1100.00 U.S. Funds.
 After January 20, 2011, the enrollment application must be accompanied with a 50% payment.*

A \$1100 deposit is enclosed with this enrollment application to reserve space for our camper. To secure the reservation and Tuition prices, I / We agree to promptly pay the balance according to the following schedule:

50% OF BALANCE	paid (postmarked) no later than	January 20, 2011
REMAINING BALANCE	paid (postmarked) no later than	April 20, 2011

I / We understand that \$250 of this deposit is a non-refundable enrollment fee and the remaining \$850 is refundable until **January 20, 2011**. Signed application, enrollment deposit and subsequent payments should be mailed to our winter administrative office:

Signature: _____ Date: _____

Parent/Guardian

TRAVEL: I plan to use the following camp transportation:

Bus from NYC, White Plains, Palisades Mall, NY, Albany (\$85.00-June 23)

Bus to NYC, White Plains, Palisades Mall, NY, Albany (\$85.00-Aug 10)

Bus from New York area mid-summer, (\$85.00-July 17)

Train to New York City mid-summer (\$85.00-July 17)

Bus to and from Montreal (required fee of all campers from Montreal) (\$25.00 each way)

Van To and/or From: Boston, (\$85.00 each way)(**min 3 camper**)

Van To and/or From Airport (\$45 each way) I do not know at this point.

Emergency Authorization for Treatment:

I hereby give permission to the camp to provide routine health care, administer prescribed medications, seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named on this enrollment.

Signature of Parent/Guardian _____ Date _____

Recommend a friend: _____, _____, _____, _____, _____
_____ Name Address City State
Zip Phone: _____ Grade: _____
Email: _____

*****FOR PAYMENT WITH VISA OR MASTERCARD COMPLETE BELOW*****

I, _____, am authorizing Chateaugay Lake Camp, Inc. to Charge my
VISA/MASTERCARD# _____

with an expiration date of _____, for all charges applicable to my child's stay at Camp Chateaugay. I understand there will be an initial charge of \$1100.00 US to hold a place. I understand that \$250.00 of the deposit is a non-refundable enrollment fee and the remaining \$850.00 is refundable until January 20, 2011. On **January 20, 2011** 50% of the balance will be charged to my credit card and the remaining balance will be charged on **April 20, 2011**. After the summer any remaining balance will be charged to my credit card. All fees are in US dollars.

Cardholder's billing address: _____ Date: _____

Name as it appears on the card: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Print Name: _____ Signature: _____

HAL LYONS
PHONE (800) 431-1184
OR (860)-350-8822
FAX (860) 350-8809

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DOV SHAPIRO
(514) 369-3654 PHONE
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