

Camp Chateaugay

Enrollment Application for Summer of 2019

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 26 - August 13, 2019.	\$10,300.00	\$7,725.00
<input type="checkbox"/> First Session	June 26 - July 21, 2019.	\$6,540.00	\$4,740.00
<input type="checkbox"/> Second Session	July 21 - August 13, 2019.	\$6,100.00	\$4,740.00
<input type="checkbox"/> 2 Full Session	Campers must be siblings	\$19,880.00	\$14,830.00
<input type="checkbox"/> 2 wks (limited space) 1 time only	June 26 - July 10 <input type="checkbox"/> / July 21 - Aug 4 <input type="checkbox"/>	\$4,530.00	N/A
ADDITIONAL FEES:		FULL SUMMER	HALF SUMMER
<input type="checkbox"/> CANTEEN FEE		NONE	NONE
<input type="checkbox"/> C.I.T. TRIP FEES		\$300.00	\$150.00
<input type="checkbox"/> HORSEBACK RIDING (3X/WK OR 6X/WK)		\$525/\$885	\$325/\$500
<input type="checkbox"/> GOLF		\$210.00	\$150.00
<input type="checkbox"/> NORTHERN LIGHTS (FINISHING GR. 8)		\$195.00	\$105.00
<input type="checkbox"/> WILDERNESS (FINISHING GR. 9)		\$390.00	\$290.00

***Each enrollment must be accompanied by an enrollment deposit of \$1200.00 U.S. Funds.
 After January 15, 2019, the enrollment application must be accompanied with a 50% payment.***

A \$1200 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 15, 2019
REMAINING BALANCE	paid (postmarked) no later than	April 20, 2019

I / We understand that \$300 of this deposit is a non-refundable enrollment fee and the remaining \$900 is refundable until **January 15, 2019**. 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 26)

Bus to NYC, White Plains, Palisades Mall, NY, Albany (\$85.00-Aug 13)

Bus from New York area mid-summer, (\$85.00-July 21) *There is no bus TO NY locations mid-summer*

Train to New York City mid-summer (\$85.00-July 21)

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

Boston (Cape Air flight non-stop Boston to Saranac Lake Contact camp in order to discuss. Speak with Hal or Lynn)

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, and 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: _____

Name two campers you would like to bunk with _____

*****FOR PAYMENT WITH VISA/Mastercard/American Express, COMPLETE BELOW*****

I, _____, am authorizing Chateaugay Lake Camp, Inc. to Charge my

VISA/MASTERCARD/American Express# _____

with an **expiration date of** _____, **security code** _____ for all charges applicable to my child's stay at Camp Chateaugay. I understand there will be an initial charge of \$1200.00 US to hold a place. I understand that \$300.00 of the deposit is a non-refundable enrollment fee and the remaining \$900.00 is refundable until January 15, 2019. On **January 15, 2019** 50% of the balance will be charged to my credit card and the remaining balance will be charged on **April 20, 2019**. After the summer any remaining balance will be charged to my credit card. All fees are in US dollars. International cards will now have a 1.5% fee added to charges. This is based on new fees by MC & VISA. Wire transfers are an option. Please ask for instructions if you prefer.

CREDIT CARD INFORMATION		
CARDHOLDER'S BILLING ADDRESS:		DATE:
NAME AS IT APPEARS ON CARD:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PRINT NAME:	SIGNATURE:	

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

Chateaugay Lake Camp, Inc.
d.b.a **Camp Chateaugay**
P.O. Box 202
Roxbury, CT 06783

MITCH GOLDMAN
(954) 540-5311 PHONE
(800) 487-3866 PHONE