

Camp Chateaugay

Enrollment Application for Summer of 2021

Camper's Full Name _____ Nickname _____

Mailing Address _____

City _____ State/Province _____ Country _____ Zip _____

Identifies as: _____ Date of Birth _____ / _____ / _____ Present School Grade _____ School _____
Month Day Year

Home Telephone _____ Home Fax _____
Area Code Area Code

Parent 1 Full Name _____ Business Phone _____

Business Fax _____ Cell Phone _____

Parent 2 Full Name _____ Business Phone _____

Business Fax _____ Cell Phone _____

Do parents/guardians live together? Yes No Do you want information sent to both? Yes No
 If appropriate, please provide the following information and mailing address of other parent/guardian:

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 24 - August 10, 2021.	\$10,900.00	\$8,125.00
<input type="checkbox"/>	First Session	June 24 - July 18, 2021.	\$6,940.00	\$5,040.00
<input type="checkbox"/>	Second Session	July 18 - August 10, 2021.	\$6,500.00	\$5,040.00
<input type="checkbox"/>	2 Full Session	Camper's must be siblings	\$20,630.00	\$15,500.00
<input type="checkbox"/>	2 wks (limited space) 1 time only	<input type="checkbox"/> June 24 - July 8 / <input type="checkbox"/> July 18 - Aug 1	\$4,930.00	N/A
ADDITIONAL FEES:			FULL SUMMER	HALF SUMMER
<input type="checkbox"/>	WHITewater RAFTING		PASSPORT NEEDED	\$180.00
<input type="checkbox"/>	C.I.T. TRIP FEES		\$300.00	\$150.00
<input type="checkbox"/>	HORSEBACK RIDING (3X/WK OR 6X/WK)		\$600/\$900	\$400/\$600
<input type="checkbox"/>	GOLF		\$210.00	\$150.00
<input type="checkbox"/>	NORTHERN LIGHTS (FINISHING GR. 8)		\$195.00	\$97.50
<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, 2021, 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
 REMAINING BALANCE

paid (postmarked) no later than
 paid (postmarked) no later than

January 15, 2021
April 20, 2021

I / We understand that \$300 of this deposit is a non-refundable enrollment fee and the remaining \$900 is refundable until **January 15, 2021**. Signed application, enrollment deposit and subsequent payments should be mailed to our winter administrative office:

Signature: _____
 Parent/Guardian

Date: _____

TRAVEL: I plan to use the following camp transportation:

Bus from NYC, White Plains, Palisades Mall, NY, Albany (\$85.00-June 24)

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

Bus from New York area mid-summer, (\$85.00-July 18) ***There is no bus TO NY locations mid-summer***

Train to New York City mid-summer (\$85.00-July 18)

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.)

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, COMPLETE BELOW*** WE DO NOT TAKE AMEX.**
(Credit cards are subject to a 3% fee. We will provide an additional 1% discount if you pay with a check.)

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

VISA/MASTERCARD# _____ **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, 2020. On **January 15, 2021** 50% of the balance will be charged to my credit card and the remaining balance will be charged on **April 20, 2021**. After the summer any remaining balance will be charged to my credit card. All fees are in US dollars. Your card will be securely kept on file and used at the end of the summer for any charges made throughout the summer. ***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:	

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