

Camp Chateaugay

Enrollment Application for Summer of 2009

Camper's Full Name _____ Nickname _____

Mailing Address _____

City _____ State/Province _____ Country _____ Zip _____

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

Home Telephone _____ Home Fax _____
Area Code 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:

		TUITION
<input type="checkbox"/>	Enroll Full Session June 25 to August 12, 2009	\$8,475.00
<input type="checkbox"/>	Enroll First Half June 25 to July 19, 2009	\$5,275.00
<input type="checkbox"/>	Enroll Second Half July 19 to August 12, 2009	\$4,925.00
<input type="checkbox"/>	Two Full Session Campers (<i>siblings</i>)	\$16,350.00
Horseback Riding	<input type="checkbox"/> full summer \$480.00 <input type="checkbox"/> half summer \$305.00	
Additional Fees:	All Campers Northern Lights & Wilderness Campers	
	Canteen \$150.00 Wilderness Trip Charge \$280.00 (finishing 9 th gr)	
	Northern Lights \$195.00 (finishing 8 th gr)	

Each enrollment must be accompanied by an enrollment deposit of \$1100.00 U.S. Funds

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	February 10, 2009
REMAINING BALANCE	paid (postmarked) no later than	May 1, 2009

I / We understand that \$250 of this deposit is a non-refundable enrollment fee and the remaining \$850 is refundable until February 1, 2009. Signed application, enrollment deposit and subsequent payments should be mailed to our winter administrative office:

Signature: _____ Date: _____

Parent/Guardian

****OVER****

TRAVEL: I plan to use the following camp transportation:

Bus from NYC, White Plains, Palisades Mall, NJ, Albany (\$85.00-June 26)

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

Train to New York City mid-summer (\$85.00 – July 20)

Bus from the New York area mid-summer, (\$85.00-July 20)

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

Bus from Montreal : Bus to Montreal (required fee of all campers from Montreal) \$20.00ow

Van To and/or From Airport (\$45.00 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 February 1, 2009. On **February 1**, 2009 50% of the balance will be
charged to my credit card and the remaining balance will be due on May 1, 2009. 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: _____

Chateaugay Lake Camp, Inc.

HAL LYONS

d.b.a **Camp Chateaugay**

DOV SHAPIRO

(800) 431-1184 OR 860-350-8822 PHONE

P. O. Box 202

(514) 369-3654 PHONE

(860) 350-8809 FAX

Roxbury, CT 06783