(PLEASE PRINT CLEARLY)			e-mail				COND PAGE
<u></u>							3C0
Date of Birth							SE
Name of Parent/Guardian (1): <u>Last</u>				Middle Initial			THE
Address of Parent/Guardian (1): # & Str							
Home Phone of Parent/Guardian (1): (Work Phone: (ORGET
				Middle Initial			FOF
Address of Parent/Guardian (2): # & Str			City		Zip		E
Home Phone of Parent/Guardian (2): (N,
EMERGENCY CONTACT (to be ca	alled if Parent/Guardian 1 & 2 car	nnot be reached) Nam	e		Phone:		DO
Group Title - 2 week session fee	Group / Time	Session I July 1 - 12	Session II July 15 - 26	Session III July 29 – Aug. 9	Session IV Aug. 12 – Aug. 23	Total Se Reque	
Discoverers Half Day M/\$535, NM/595 4 and 5 year olds, PK or entering K	9:00am-12:00pm						
Discoverers Full Day M/\$935, NM/995 4 and 5 year olds, entering K	9:00am-3:00pm						
Trekkers Half Day M/\$535, NM/595 children entering first or second grade	9:00am-12:00pm						
Trekkers Full Day M/\$935, NM/995 children entering first or second grade	9:00am-3:00pm						
Bushmasters M/\$935, NM/995 children entering third or fourth grade	9:00am-3:00pm						
Cliffdale Nature Girls M/\$935, NM/995 children entering third, fourth, fifth, sixth or seven	9:00am-3:00pm enth grade						
Cliffdale Earth Stewards M/\$935, NM/995 children entering third, fourth, fifth, sixth or seven	9:00am-3:00pm enth grade						
Junior Naturalists M/\$935, NM/995 children entering fifth, sixth, or 7th grade	9:00am-3:00pm						
Explorers M/\$1,105, NM/\$1,165 children entering eighth or ninth grade	9:00am-3:00pm						

IMPORTANT – Please sign and date. Thank you.

Card #	Discover AmericanExpressExp. DateCamper's Name_	Card Code
Credit Card: MC Visa Card #	Exp. Date	Card Code
Check # Credit Card: MC Visa	Discover AmericanExpress	101112
		101112
TOTAL ENCLOSED:		TOTAL
\$10.00 each	Adult - M Adult - L Adult - XL	
EXTRA T-SHIRTS	Child - S Child - M Child – L	Extra tee
MEMBERSHIP/Renewal (Please fill out membership form)	Family \$85, Supporting \$175, Sponsor \$275+, Teatown Lake Circle \$1,000+	Membership
	Weeks x \$200 (3-5:00pm)	Afternoon
EXTENDED CARE	Weeks x \$90 (7:45-8:45am)	Morning
CAMP FEE	Sessions x \$ per session	Camp
PAYMENT: Camp financial	assistance may be available. Please call (914) 762-29	12 ext. 131
	ed in camp will receive one free Camp T-shin M (10-12) Child L (14-16) Adult M	
Signature of Parent / Guardian _	D	ate:
Camp Directors. Wild edibles w	re may taste include wineberries, blueberries, wild onio want your child to participate in the activity of tasting	ons, honeysuckle, black birch, and
the wild edible plants in the area	or camp experience, we give the children in third grade . We teach campers the proper ways to identify wild end t. All of the wild edible plants that our campers eat are	dibles and remind them to never eat
_		ate:
refund for any reason after June	al from camp prior to June 15, 2024, refunded total fee 15, 2024. I understand and agree to abide by these terr	ms.
Please sign to confirm your under Signature of Parent / Guardian		ate:
RELEASED TO ANOTHER PE	campers are released at the end of the program to pare	
RESERVATION'S publications	, social media and for advertising and promotions.	ate:
	reby give permission for my child's photograph	ate:
RESERVATION from all claims	I hereby release the Executive Director and a s of liability for any damages or injuries that may be su	ustained while my child is in camp.
transport my child when necessa Signature of Parent / Guardian _	•	ate:
	I give permission for the TEATOWN LAKE RESEI	RVATION SUMMER CAMP STAFF to



If you wish to have your child in a group with a friend, please write the friend's name here: