

Winter Address
 C/O Ken Glotzer
 6 Kendall Drive
 New City, New York 10956
 Tel. / Fax (845)638-2515
www.daycampinthepark.com
 E mail: DCITP@aol.com

DAY CAMP IN THE PARK

APPLICATION 2010

ROCKLAND & ORANGE

Summer Tel.#
 (845)351-4781 Camp Office
 (845)351-4782 Fax Number



OFFICIAL USE ONLY	
DEPOSIT	_____
PAYMENT	_____
PAYMENT	_____
PAYMENT	_____
TOTAL	_____

PARENT'S LAST NAME _____

PARENT'S FIRST NAME _____

Parent's E Mail Address _____

Please print your e mail address clearly.

Camper's
 First And Last Name

1. _____	Age As Of Sept. 2010	Grade As Of Sept. 2010	Boy	Girl	Full Season	6 Week Season	Weeks 1-4	Weeks 5-8	Under The Stars Sleep away Program	Please check which week(s) selected (additional charge)	Mini Travel First 6 Weeks	First 4 Weeks (additional charge)	Hot Lunch (additional charge)	Day Camp	C.I.T. Program
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wk#2	wk#3	wk#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wk#2	wk#3	wk#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Programs 8 WEEKS 6 WEEKS WHICH 6 WEEKS 4 WEEKS (first 4 weeks or second 4 weeks)

DAY CAMP	\$5050.	\$4600.	1	2	3	4	\$3150.
C.I.T. PROGRAM	\$4550.	\$4150.	5	6	7	8	\$2750.

(please circle weeks desired)

Family/Friends Program

Optional Programs

Hot Lunch \$ 380. \$ 280.

Mini Trips (ages 10-15) (First 6 weeks of camp) Additional fee \$360. (6 Trips)
 (First 4 weeks of camp) Additional fee \$240. (4 Trips)

Under The Stars Over Night Program weeks 2,3,4 (Wed. & Thurs. night) \$250.00 per session

\$ 190. **\$400. off for 4 weeks**
\$700. off for 6 or 8 weeks
Valid Till April 1, 2010

First Day Of Camp Mon. June 28, 2010

Last Day Of Camp Fri. August 20, 2010

Second Session Begins Mon. July 26, 2010

No Camp Monday, July 5, 2010

A \$500. deposit is to be paid for each camper with application.

Deposit refundable until March 14, 2010. No refunds after March 14, 2010 for any reason.

Balance due April 1, 2010

Home Address _____ Apt# _____ Home Phone (_____)

_____ Zip _____ Business Phone (_____)

Camper's Doctor _____ Phone (_____) Parent's Cell# (_____)

Please note any vital medical or personal data _____

I understand that the use of the camp's facilities involves terrain, activities and group arrangements and interactions that may be new to campers, and that they come with risks and uncertainties beyond what they may be used to dealing with at home or at school. I realize that no environment is risk-free, and so I have instructed my child(ren) on the importance of abiding by the camp's rules, and I represent that he or she is familiar with these rules and will obey them. Photographs taken at camp may be used for advertisement purposes.

Date _____ Signature _____ Emergency Phone (_____)

IMPORTANT- MUST BE COMPLETED FOR BUS PICK UP

Please show house location. Name all nearby streets and indicate if dead-end or cul-de-sac. Use reverse side for any additional space required.

_____	_____	_____
_____	_____	_____