

# SPX SUMMER CAMP

TOT CAMP AGES 3 & 4

CAMPER NAME \_\_\_\_\_

MEMBER/ GUEST # \_\_\_\_\_ DATE: \_\_\_\_\_

WEEK	M- F FULL DAY		M- F HALF DAY		MWF FULL DAYS		MWF HALF DAY	
	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER
JUNE 26- JUNE 30	\$260	\$305	\$170	\$205	\$160	\$190	\$125	\$135
JULY 3- 7 *NO 7/4	\$208	\$244	\$136	\$164	\$160	\$190	\$125	\$135
JULY 10-14	\$260	\$305	\$170	\$205	\$160	\$190	\$125	\$135
JULY 17-21	\$260	\$305	\$170	\$205	\$160	\$190	\$125	\$135
JULY 24-28	\$260	\$305	\$170	\$205	\$160	\$190	\$125	\$135
JULY 31- AUG 4	\$260	\$305	\$170	\$205	\$160	\$190	\$125	\$135
AUG 7-11	\$260	\$305	\$170	\$205	\$160	\$190	\$125	\$135
AUG 14-18	\$260	\$305	\$170	\$205	\$160	\$190	\$125	\$135
AUG 21-25	\$260	\$305	\$170	\$205	\$160	\$190	\$125	\$130
TOTAL								

BONUS WEEK

\*TUESDAY/THURSDAY RATES AVAILABLE SPEAK TO MISS DANIELLE TO FIND OUT MORE \*

## EXTENDED CARE

WEEK	7:00-9:00 AM		4:00- 7:00 PM		WEEKLY COST
	PER WEEK	PER DAY	PER WEEK	PER DAY	
JUNE 26- JUNE 30	\$50	\$12	\$55	\$12	
JULY 3- 7 *NO 7/4	\$50	\$12	\$55	\$12	
JULY 10-14	\$50	\$12	\$55	\$12	
JULY 17-21	\$50	\$12	\$55	\$12	
JULY 24-28	\$50	\$12	\$55	\$12	
JULY 31- AUG 4	\$50	\$12	\$55	\$12	
AUG 7-11	\$50	\$12	\$55	\$12	
AUG 14-18	\$50	\$12	\$55	\$12	
AUG 21-25	\$50	\$12	\$55	\$12	
TOTAL	\$50	\$12	\$55	\$12	

DAY CAMP	
EXTENDED CARE	
TOTAL	

PAID IN FULL

PAYMENT PLAN

THREE PAYMENTS  
1/3 UPON REGISTRATION  
2ND PAYMENT DUE MAY 1ST,  
FINAL PAYMENT JUNE 1ST

CC NUMBER: \_\_\_\_\_

EXP DATE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

TO SUBMIT PLEASE EMAIL DANIELLE AT  
DRUSSO@SPORTSPLEX-NW.COM



"TO INSPIRE AN ACTIVE LIFE"

2902 US RT 9W  
NEW WINDSOR NY 12553  
845-565-7600

# CAMP REGISTRATION

CAMPER NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ DATE \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
GRADE CHILD IS ENTERING IN THE FALL \_\_\_\_\_  
PREVIOUS SPORTSPLEX CAMPER? \_\_\_\_\_ IS CAMPER A SPORTSPLEX MEMBER? \_\_\_\_\_

## PRIMARY CONTACT

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_  
ADDRESS (IF DIFFERENT FROM CAMPER) \_\_\_\_\_  
CELL # \_\_\_\_\_ WORK/DAYTIME # \_\_\_\_\_

## SECONDARY CONTACT

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_  
ADDRESS (IF DIFFERENT FROM CAMPER) \_\_\_\_\_  
CELL # \_\_\_\_\_ WORK/DAYTIME # \_\_\_\_\_

\*PRIMARY CONTACT WILL RECEIVE TEXT MESSAGES ABOUT WEATHER AND EMERGENCY CLUB CLOSINGS

## EMERGENCY CONTACTS DURING PROGRAM HOURS (7:00AM-7:00PM)

THE FOLLOWING CONTACTS LISTED BELOW WILL BE ABLE TO PICK UP YOUR CHILD FROM CAMP.  
IF THEY ARE NOT ON THIS LIST, THEY WILL NOT BE ABLE TO PICK UP YOUR CHILD.

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_  
CELL # \_\_\_\_\_ WORK/DAYTIME # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_  
CELL # \_\_\_\_\_ WORK/DAYTIME # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_  
CELL # \_\_\_\_\_ WORK/DAYTIME # \_\_\_\_\_

I HAVE READ AND AGREE TO THE TERMS OF THE ENROLLMENT AGREEMENT  
INCLUDED IN THE CAMP BROCHURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE