

SPX SUMMER CAMP

DAY CAMP ENTERING GRADES K - 8TH

CAMPER NAME _____

MEMBER/ GUEST # _____ DATE: _____

WEEK	MEMBER	NON-MEMBER	WEEKLY COST
JUNE 26- JUNE 30	\$260	\$305	
JULY 3- 7 *NO 7/4	\$208	\$244	
JULY 10-14	\$260	\$305	
JULY 17-21	\$260	\$305	
JULY 24-28	\$260	\$305	
JULY 31- AUG 4	\$260	\$305	
AUG 7-11	\$260	\$305	
AUG 14-18	\$260	\$305	
AUG 21-25	\$260	\$305	
TOTAL			

BONUS WEEK

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					

DAY CAMP	
EXTENDED CARE	
TOTAL	

PAID IN FULL CC NUMBER: _____

PAYMENT PLAN EXP DATE: _____

NAME ON CARD: _____

ZIP CODE: _____

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

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