EXPLORERS CAMP REGISTRATION

WINTER OFFICE
PO Box 20126 • Dix Hills, NY 11746
Phone: 631.462.2550 • Fax: 631.462.0779

SUMMER OFFICE
PO Box 487 • Rock Hill, NY 12775
Phone: 845.434.6500 • Fax: 845.434.6508

E-mail: summers@iroquoissprings.com

Camper Name_____ Phone (_____)_____
LAST FIRST MIDDLE

Address_____
NUMBER AND STREET CITY STATE ZIP

E-mail address: Mom _____Dad _____

Sex _____ Date of Birth _____ Grade as of Sept. 2010 _____
M/F

Attended Camp Before? _____ If so, where? _____ When?_____

Name of Sibling attending Iroquois Springs _____

Mother's Name _____Occupation _____ Business Phone _____

Father's Name _____Occupation _____ Business Phone _____

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection, anesthesia, x-ray or surgery for my child named above.

Emergency Contact: Name _____ Relationship _____ Phone (_____)_____

Explorers Camp

Dates: July 24 – July 25

Fee: $150 – includes transportation and t-shirts. This will be credited towards any camper who enrolls for camp in 2011
Please make check payable to **Iroquois Springs**

Shirts (child sizes) ❑ Small ❑ Medium ❑ Large

Bus Transportation: ❑ Round Trip ❑ One Way
❑ To Camp ❑ From Camp

Locations: ❑ Long Island ❑ Livingston, NJ ❑ Westchester

Car Transportation: ❑ I will drive my child to camp ❑ I will pick up my child from Camp

Signature of Parent _____ Date _____

Please charge $ _____ to my Master Card Visa Discovery American Express

Card Number ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Expiration ___ ___ / ___ ___

Cardholders Name (Please Print) _____

Billing Address _____