



In order for this application to be processed, please complete all required information and return with required deposit. Please print clearly.

Camper Information

GENDER MALE FEMALE

Camper First Name _____ Camper Last Name _____ Nickname _____ Date of Birth _____ Grade and School Attending September 2019 _____

Street Address _____ Address 2 _____ City _____ State _____ Zip _____

Parent/Guardian 1 First Name _____ Last Name _____ Mobile Number _____ Email Address (Required) _____

Parent/Guardian 2 First Name _____ Last Name _____ Mobile Number _____ Email Address (Required) _____

Home Phone _____ Emergency Contact First Name _____ Emergency Contact Last Name _____ Relation to Camper _____ Emergency Contact Number _____

Health / Allergy Restrictions _____

How did you hear about our camp? Word of Mouth Mail Web Social Media _____ Ad _____ Referral, who can we thank? _____

Camp Pricing

Costs listed are Per Diem.

CAMP PROGRAM	1-11 DAYS	12-24 DAYS	25+ DAYS	QTY	COST
<input type="checkbox"/> EXCEL CAMP: 1:00PM - 5:00PM	\$89.00	\$79.00	\$69.00	_____	\$ _____
SUB-TOTAL CAMP COST				_____	\$ _____
<input type="checkbox"/> SIBLING DISCOUNT: 5% OFF FOR 2ND CHILD AND 10% FOR EACH ADDITIONAL CHILD				_____	-\$ _____
<input type="checkbox"/> PRIVATE LESSONS: Call for availability and pricing.					
TOTAL CAMP					\$ _____
25% DEPOSIT REQUIRED BEFORE MAY 1, 2019					-\$ _____
BALANCE DUE BY JUNE 1, 2019					\$ _____

Payment Information

AMOUNT IS: \$ _____ DEPOSIT PAYMENT IN FULL

PAYMENT METHOD:

CHECK CASH

CHARGE TO MY ACCOUNT: I authorize you to bill my credit card on file.

CREDIT CARD: MC Visa AMEX

PAYMENT INFORMATION: Enrollment is limited. Spaces are reserved on a first-come first-served basis upon receipt of a completed application and a 25% deposit. All balances are due on June 1, 2019. Payment in full is required for registration after June 1, 2019. Registrants already enrolled in the SPORTIME Easy Pay Plan for other programs will be automatically enrolled in Full Autopay for camp, with payments processed on May 1, 2019. Adding additional camp weeks after June 1, 2019, if space allows, will not result in any retroactive discount for weeks already enrolled or attended. SPORTIME reserves the right to charge the credit card provided for any balance due on June 1, 2019. Any request for a refund of camp tuition or deposit (less a \$100 per week cancellation fee) must be received prior to June 1, 2019. No refunds will be given after June 1, 2019. There are no "make-ups" for absences and unused camp days/time will not be credited or refunded. VALID CREDIT CARD INFORMATION MUST BE PROVIDED ON THIS APPLICATION IN ORDER FOR A CAMP SPACE TO BE RESERVED.

CREDIT CARD NUMBER _____ EXPIRATION _____ PARENT / GUARDIAN SIGNATURE _____ DATE _____

Schedule Selection

Please check all weeks that apply or circle days for daily options. Changes may be made until June 1st. All changes after will be subject to availability.

Week 1 Jun 24 - Jun 28 M T W TH F Week 5 Jul 22 - Jul 26 M T W TH F Week 9 Aug 19 - Aug 23 M T W TH F

Week 2 Jul 1 - Jul 5 M T W **OFF** F Week 6 Jul 29 - Aug 2 M T W TH F Week 10 Aug 26 - Aug 30 M T W TH F

Week 3 Jul 8 - Jul 12 M T W TH F Week 7 Aug 5 - Aug 9 M T W TH F

Week 4 Jul 15 - Jul 19 M T W TH F Week 8 Aug 12 - Aug 16 M T W TH F

Parent's/Guardian's Initials: _____

Enroll Today! Complete both sides of this application and return with the required deposit by mail, fax or register online:

Mail: SPORTIME Lynbrook Summer Camp, 175 Merrick Road, Lynbrook, NY 11563 / **Fax:** 516-593-7462 / **Register Online:** www.SportimeCamps.com/LB.

Please contact us at 516-887-1330 or email camps1b@sportimemy.com with any questions.