



P.O. Box 1118 ; East Hampton NY 11937

Summer Camp 2018

CAMPER INFORMATION

First Name _____

Last Name _____

Birth Date (MM/DD/YY) _____

Age _____

Gender F M

PARENT/GUARDIAN INFORMATION

Full Name _____

Primary Phone # _____

Secondary Phone # _____

Email Address _____

Mailing Address _____

City _____

State /Zip Code _____

Summer Address _____

EMERGENCY CONTACT INFORMATION

Full Name _____

Primary Phone # _____

Secondary Phone # _____

Email _____

Relationship to Camper

CAMP PROGRAM & RATES:

Camp Program

- Rising Stars (ages 4-7)
- Shooting Stars (ages 8-13)
- 5 Stars ages (8-13)

Camp Rates

1-2 Weeks

- Half Days \$825
- Full Days \$975

3-5 Weeks

- Half Days \$750
- Full Days \$875

7-8 Weeks

- Half Days \$725
- Full Days \$825

Work & Play Program/Counselor Training (ages 13 & 14)

1-8 Weeks

- Half Days \$375
- Full Days \$495

Add-Ons & Discounts (Maximum of two discounts per camper)

- Sibling Discount 10% off

Schedule

Weeks (Please mark which weeks your child will be attending.)

- Pre-Camp June 18 - June 22
- Week 1 June 25 - June 29
- Week 2 July 2 - July 6
- Week 3 July 9 - July 13
- Week 4 July 16 - July 20
- Week 5 July 23 - July 27
- Week 6 July 30 - August 3
- Week 7 August 6 - August 10
- Week 8 August 13 - August 17
- Post-Camp August 20 - August 24

PAYMENT INFORMATION

Credit Card VISA MASTERCARD AMEX

Credit Card # _____

Expiration Date _____

Name on Card _____

Billing Address _____

City _____

State/Zip Code _____

As parent or guardian of the applicant, I hereby accept the condition of enrollment and give permission for my child to participate in Hampton Racquet programs. I agree to comply with all program regulations, and hereby remove campsite staff and management at Hampton Racquet from any and all liability for injury or damagers insured while involved in this program. Hampton Racquet retains the right to any photographs or videotapes of the campers taken at camp to be used for publicity or advertising.

Signature _____

Date _____