

Day Camp and Camp Academies Application

Please do not use this form to apply for the Seawolves Sports Camps.

MAIL THIS COMPLETED APPLICATION TO:

The Summer Camps at Stony Brook, Stony Brook University · Sports Complex · Stony Brook, NY 11794-3500
Phone: (631) 632-4550 · Fax: (631) 632-4657

Parent/Guardian's Name _____

Child's Name _____ Sex M F Date of Birth _____ Age _____ Grade Entering Fall '09 _____

Street Address _____ City _____ State _____ Zip _____

E-Mail _____ Home Phone # _____ Daytime/Work Phone # _____

CAMPS

Camp Length (please circle # of weeks): 2 4 6 7 8

Camp Dates Selected: _____ to _____ # of Days of the Week All (M. Tu. W. Th. F.)

ACADEMIES

Name of Academy _____ Session # _____ Date of Academy _____

Name of Academy _____ Session # _____ Date of Academy _____

Name of Academy _____ Session # _____ Date of Academy _____

Name of Academy _____ Session # _____ Date of Academy _____

ATHLETICS/SPORTS BLOCK (For Day Camp Only)

Block # _____ (first choice) Block # _____ (second choice) Swim Lessons (Tuesdays and Thursdays)

EXTRA OPTIONS

- Check here if you will be choosing the extended day care option. Please note that there is a \$75-per-week charge. Pickup time is 5:00 pm.
- Check here if you are registering more than one child. Please copy this form and fill out for each child attending camp.
- Check here if you are a Stony Brook University faculty or staff member.
List department and phone # _____

T-SHIRT SIZE (please select one) **Child:** S M L **Adult:** S M L XL

FEES

Camp Tuition \$ _____

Academy Camp Tuition \$ _____

Application Fee (non-refundable) **+ \$80.00**

Extended Care option:
weeks _____ x \$75 \$ _____

Additional T-shirts: # _____ x \$9 \$ _____

Sibling Discount - \$ _____
(\$50 per each additional child)

Total: \$ _____

Less deposit/application fee - **\$230.00**
(Registration fee of \$150 plus \$80 non-refundable application fee).

Balance due prior to May 1, 2009. **Balance Due \$** _____

FORM OF PAYMENT

Payable to: Stony Brook University

Check/Money Order

Credit Card
 AMEX* Discover
 MasterCard** Visa**

Account # _____

Exp. Date _____ Code _____

**AMEX, please include the four-digit CIN from the front of your card.*

***Visa and M/C, please indicate the last three digits from the back signature line.*

Please charge my credit card \$ _____

Cardholder Name _____

Signature _____

HOW DID YOU HEAR ABOUT US?

- Newsday Ad Direct Mail Web Site Radio Ad Friend Return Camper Other _____