

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 '08 _____

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 _____

ACADEMIES

Acting Athletic/Art Athletic/Medical Chess Only Chess/Medical Computer
 Video Game Level 1 Video Game Level 2 Making Reading Fun Science

Session # _____ Date of Academy _____

ATHLETICS/SPORTS BLOCK

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

TRANSPORTATION

Transportation services will only be provided if a minimum number of passengers per route request service.

Bus (designated drop-off): \$175/week

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) **+ \$75.00**

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

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

Transportation:
 Bus # weeks _____ x \$175 \$ _____

Sibling Discount - \$ _____

(\$50 per each additional child)

Total: \$ _____

Less deposit/application fee - **\$225.00**

(Registration fee of \$150 plus
\$75 non-refundable application fee).

Balance due prior to May 2, 2008. **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 _____