



# DISCOVERY CAMP



**Discover What It Means to be a Chestnut Lake Camper!**

## DISCOVERERS

Future campers who will be entering 2<sup>nd</sup>- 5<sup>th</sup> grades in September 2012. The program is limited to 30 boys and 30 girls.

## EXPEDITION

The journey begins on Saturday, July 28<sup>th</sup> at 11:00 am and ends Sunday, July 29<sup>th</sup> at 4:00 pm.

## PROGRAM

Our Discoverers will take a journey through the life of a Chestnut Lake camper and will get to experience all that CLC has to offer. This will be a unique and exciting introduction to summer camp during which time the Discoverers will get to see and feel the warmth and spirit of Chestnut Lake Camp.

## COST

\$100 which will be credited toward the Discovery Camper's 2013 tuition.

# BRINGING OUT THE BEST IN ME!

WINTER ADDRESS  
1714 Wantagh Ave.  
Wantagh, NY 11793  
Phone: 516-221-8800  
Fax: 516-221-4350

[www.chestnutlakecamp.com](http://www.chestnutlakecamp.com)



SUMMER ADDRESS  
PO Box 369  
Beach Lake, PA 18405  
Phone: 570-729-1010  
Fax: 570-729-8883



# Discovery Camp Registration Form

**SUMMER ADDRESS:**PO Box 369 • Beach Lake, PA 18405  
Phone: 570-729-1010 • Fax: 570-729-8883**WINTER ADDRESS:**1714 Wantagh Avenue • Wantagh, NY 11793  
Phone: 516-221-8800 • Fax: 516-221-4350**DIRECTORS:**Debbi & Paul Schorey  
www.chestnutlakecamp.com

Camper Name \_\_\_\_\_ Grade in Sept. 2012 \_\_\_\_\_

Birthdate \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Address of Company \_\_\_\_\_

Name of Insured Family Member \_\_\_\_\_

Insurance Plan/Group Number \_\_\_\_\_

**Camper Name** \_\_\_\_\_

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.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_**FOR CREDIT CARD PAYMENT ONLY**

Please charge my Visa/Mastercard/AMEX (circle one) in accordance with the payment schedule stated above.

Cardholder's Name: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Enclosed check made payable to: **Chestnut Lake Camp****Dates:** **Saturday**, July 28th, 2012 • 11:00 a.m. to **Sunday**, July 29th, 2012 • 4:00 p.m.**Fee:** \$100 of which \$100 will be credited for all campers that enroll for the 2013 camping season.  
Price includes 2 camp t-shirts.**Shirts (child sizes):**  Small  Medium  Large**Bus Transportation:**  ROUND TRIP: \_\_\_\_\_  Long Island  Westchester  Livingston, NJ  
 ONE WAY: \_\_\_\_\_  Long Island  Westchester  Livingston, NJ  
 To Camp  Back from Camp**Car Transportation:**  I will drive my child to Camp  I will pick up my child from Camp