

A P P L I C A T I O N F O R M

SUMMERLANE CAMP
Rosman, North Carolina

Office
Summerlane School and Camp
225 Lafayette, Room 811
New York 12, N.Y.

Camper's name: _____ Age: _____

Parents' names: _____

Address: _____ Phone: _____

(Check one) 9 weeks _____ 6 weeks _____ 3 weeks _____

(If less than 9 weeks) July 2nd _____ July 22nd _____ August 12th _____

Each session will begin by small bus from Manhattan, Washington, Miami, and Chicago. Staff and campers will wend their way to Summerlane--trips to and from Summerlane will be a camping and educational experience. Parents may bring children to Summerlane, in exceptional cases, and very young children will be brought directly to camp.

Transportation round trip from New York City	\$40
Insurance	\$10
Canteen	no more than \$ 5 weekly

Nine weeks	\$360
Six weeks	\$270
Three weeks	\$180

Will you take your own child to camp? _____

Will your child join the camp bus? _____

Do you prefer your child to be brought directly to camp? _____

Please indicate other camps your child has attended: _____

Medical forms will be required, and will be sent to you.

Registration should be accompanied by \$50 and sent to SUMMERLANE SCHOOL AND CAMP, 225 Lafayette, Room 811, New York 12, N.Y.

Parents are welcome at camp for an overnight stay (\$12) by prior arrangement. There is no "Parents' Day".

PARENT'S SIGNATURE