



EXPLORERS

**Come explore the world
of overnight camp!**

EXPLORERS Future campers who will be entering the 1st through 4th grades in September 2014. The program is strictly limited to 24 boys and 24 girls.

DATES Saturday, July 26th, 2014 at 11:00am until Sunday, July 27th, 2014 at 4:00pm

PROGRAM Get a chance to explore what an Iroquois Springs camper enjoys each day throughout the summer. This is a terrific way to discover what Iroquois Springs will be all about before next summer. You will be instantly transformed into a Iroquois Springs camper for life. This unique, well-rounded program centers around each camper gaining independence, and confidence by learning to give and take in the camp setting.

COST \$150 per camper, including transportation and t-shirts. This will be credited towards any camper who enrolls for camp in 2015.

**Fill out the registration card
on the back or visit
www.iroquoissprings.com/explorers
for more info!**

EXPLORERS CAMP REGISTRATION



WINTER OFFICE
 PO Box 20126 • Dix Hills, NY 11746
 Phone: 631.462.2550 • Fax: 631.462.0779

SUMMER OFFICE
 PO Box 487 • Rock Hill, NY 12775
 Phone: 845.434.6500 • Fax: 845.434.6508



E-mail: summers@iroquoissprings.com

Camper Name _____ Phone (_____) _____

Address _____

E-mail address: Mom _____

Sex _____ Date of Birth _____ Grade as of Sept. 2014 _____
M/F

Name of Sibling attending Iroquois Springs _____

Mother's Name _____ Occupation _____ Business Phone _____

Father's Name _____ Occupation _____ Business Phone _____

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.

Name _____ Relationship _____ Phone (_____) _____

Explorers Camp	Dates: July 26, 2014 – July 27, 2014		
Fee:	\$150 – includes transportation and t-shirts. This will be credited towards any camper who enrolls for camp in 2015. Please make check payable to Iroquois Springs		
Shirts (child sizes)	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large
Bus Transportation:	<input type="checkbox"/> Round Trip	<input type="checkbox"/> One Way	<input type="checkbox"/> To Camp <input type="checkbox"/> From Camp
Locations:	<input type="checkbox"/> Long Island	<input type="checkbox"/> Livingston, NJ	<input type="checkbox"/> Rockland
Car Transportation:	<input type="checkbox"/> I will drive my child to camp	<input type="checkbox"/> I will pick up my child from Camp	

Signature of Parent _____ Date _____

Please charge \$ _____ to my Master Card Visa Discovery American Express

Card Number _____ Expiration ____ / ____

Cardholders Name (Please Print) _____

Billing Address _____