



Winter Address:
85 Crescent Beach Rd
Glen Cove, NY 11542

516-656-4210 Phone
516-656-4215 Fax

Summer Address:
76 Timber Lake Rd
Roscoe, NY 12776

845-439-4440 Phone
845-439-3165 Fax

Jay S. Jacobs
Executive Director
Jennifer DeSpagna
Director
Justin Mayer
Director

Rookie Day 2010 Registration Form

Fill out this form and return to the address above ASAP, as space is limited and will be filled on a first come, first served basis. We will send you a complete information packet after we have received your registration form - Please feel free to call us if you have any questions.

Rookie Day is for future campers entering Grades 3 - 6

I would like to enroll my child in Rookie Day on (please check one):

- Sunday, July 11th, 2010
Saturday, July 31st, 2010

Camper's Name, Birthdate, Address, Grade Sept. '10, Gender, EMERGENCY CONTACT, Home Phone, Name, Camper's e-mail, Phone, Dad's Name, Mom's Name, Dad's Work #, Mom's Work #, Dad's Cell #, Mom's Cell #, Dad's Email, Mom's Email, How did you hear about Timber Lake West?

T-SHIRT SIZE: Select your child's t-shirt size (check one):

- Child's Small, Child's Medium, Child's Large, Child's X-Large, Adult Small

MEDICAL PERMISSION STATEMENT

I hereby give TIMBER LAKE WEST permission to take my child to any hospital facility or outside doctor when deemed necessary. Furthermore, I hereby give permission to such hospital or outside doctor to authorize x-rays and emergency treatment if deemed necessary. I understand that all medical bills for service rendered by anyone other than the camp's medical staff are my responsibility.

Parent's Signature, Date

All the Fun in Half the Time

www.timberlakewest.com • email: info@timberlakewest.com