

CAMP "SKAZKA"

In the Catskill Mountains

9 Solway Road, Saugerties, NY 12477

Tel. 718-232-3050, 845-246-4021

APPLICATION

Session : ☐ 8 – Days ☐ 15 – Days ☐ _____ Days

Date: From _____ to _____

Customer №1: Full Name _____

Date of Birth: Month _____ Day _____ Year _____

Customer №2: Full Name _____

☐ Adult ☐ Child., Date of Birth: Month _____ Day _____ Year _____

Customer №3: Full Name _____

☐ Adult ☐ Child., Date of Birth: Month _____ Day _____ Year _____

Customer №4: Full Name _____

☐ Adult ☐ Child., Date of Birth: Month _____ Day _____ Year _____

Home Address: _____ City _____ State _____ zip _____

Home Phone #: _____ **Cell Phone #:** _____

Name & Contact Phone # in case of Emergency: _____

Deposit: \$ _____ Enclosed ☐ Sent ☐

Signature: _____ **Date:** _____

- 2 days prior to the start of your session, call to the camp to receive your bus seats.

- Service charge and tips are not included in the price of your vacation package

- Refunds can be issued if vacation package cancelled no less than 14 days prior to the start of your session minus the deposit paid.