



2017 SENIOR SPORTS WEEK! (SENIOR CAMPERS ONLY)

Campers should be prepared to: learn new skills, compete, make new friends, and have too much fun!

When: Week 5 Monday July 24th - Friday July 28th

Where: LakeView, the camp that is our favorite place

What: Sports instruction and incredible evening / overnight programs all week long!

Schedule for the week: Monday-Friday campers will be in their regular camp groups. Extended sports instruction and games will begin at 4pm.

Each night we will be sleeping indoors.

Thursday: To celebrate your success, we will be going to dinner and a trip off of camp property.

PLEASE NOTE THAT THERE IS NO VISITING DURING OVERNIGHT WEEK.

****If your child takes any medication outside camp hours, please send it to camp the week prior to the sleepover week in the original prescription bottle listing the child's name and the completed Medication Authorization Form which can be found on our website. Unused medication will be returned at the end of the week with your bus counselor.**

Campers participating in the Senior Sports Week are to bring their belongings with them on the bus the Monday of the overnight week and home with them on Friday. Please send the following items and be sure to PERMANENTLY LABEL EVERYTHING*:

Packing List:	
Toiletries	Sleeping Bag
Pajamas	Pillow
Extra Towel for showering	Sleeping Pad (Optional)
4 days/changes of shorts,	Long Pants / Long Sleeve Shirt / Hoodie
shirt, socks and underwear	Flashlight
Rain coat	

***Medication (If needed – Medication Authorization Form is available on our website)**
PLEASE DETACH AND RETURN THE SLIP BELOW AS SOON AS POSSIBLE

By signing this slip I give my child _____
Permission to attend the LakeView Senior Sports Week.

- My child will ride their normal bus to camp on July 24th and home on July 28th.
- I will drop my child off on July 24th at 8:30AM and pick him / her up on July 28th at 4:30PM.
- We will be sending medication to camp for my camper by Friday, July 21st.

I have enclosed the \$250.00 tuition for the 2017 Senior Sports Week:

- By check
- Please charge my credit card for the \$250.00 tuition

Card Type: Visa MasterCard American Express Discover

Card Number Exp Date /

Security Code FOR VISA, MC AND DISC: Last 3 digits located on back of card in signature slip.
FOR AMEX: 4 digits located on front of card. month year

Cardholder's Name (please print)

Cardholder's Billing Address Zip Code

Cardholder's Signature

Parent / Guardian Name: _____

Signed: _____ Phone: _____