



PLEASE RETURN TO:

WINTER (September 1 - May 1)
P.O. Box 880449, Boca Raton, FL 33488
p: 800-494-6238 f: 561-883-6490

SUMMER (May 1 - August 31)
700 Churchill Street, Pittsfield, MA 01201
p: 413-447-8900 / 800-494-6238
f: 413-447-8905

SUMMER ADDRESS FORM

Camper(s) Name _____
First, Last (Please Print)

Parents Names _____
First, Last - if different (Please Print)

Please provide us with your summer address and contact information:

Address _____ Phone () _____

City _____ State _____ Zip _____ Fax () _____

When There (e.g. weekends, etc) _____

Father's Cell Phone () _____ Mother's Cell Phone () _____

Father's Email Address _____ Mother's Email Address _____

*Relative or person to contact in case of an emergency and the camp cannot locate you:

Name _____ Relationship to You _____

Address _____ Phone () _____

City _____ State _____ Zip _____ Fax () _____

Name of Child's Physician _____

Physician's Office Phone () _____ Physician's Home Phone () _____

Mother's Business: Name of Firm _____ Phone () _____

Father's Business: Name of Firm _____ Phone () _____

Name of Country Club that Parents May Frequent: Please tell us the most common times that you are there.

Name of Club _____

Phone () _____ When There _____

Please attach or write on the reverse side your summer itinerary if you plan to travel.

*** If you plan to be out of the country during the summer, please provide us with an authorized emergency contact.**