

2009 CAMP INFORMATION

SESSION DATES / PAYMENT SCHEDULE

Campers, ages 7-18, may come for 2, 4, 6, or 7 weeks.

A four week stay (Sessions 1 & 2 or 2 & 3) or
Three week stay (Sessions 3 & 4) is recommended

Session 1 - June 28 thru July 10

Session 2 - July 12 thru July 24

Session 3 - July 26 thru August 7

Mini Session 4 - August 9 thru August 14

Tuition per Session: 1, 2 or 3: \$2590 - Mini Session 4: \$1195

There is a \$200 discount for each additional Session.

\$100 discount for Mini Session 4

There is a one time \$100 sibling discount for 2nd child
(\$50 for Mini Session 4)

Greens Fees: \$95 per week

Tuition includes: room & board, on-campus activities, local off-campus trips
(i.e. movies, bowling, etc.), laundry, evening & bedtime snacks, etc.

'Between Session' campers have the option to either go home or
participate in supervised, fun-filled weekend activities. The weekend
schedule will include a Friday evening off-campus outing and a day
trip on Saturday to Lake Compounce Amusement Park. There is an
additional charge of \$195 for the 'Between Session' stayover which
includes all meals, entrance fees and laundry.

Additional optional costs which are paid before camp begins are:
bus to and from camp, pre-ordered store items and SAT course.

Doctor & emergency room visits & pharmacy bills incurred due to a
camper's sickness or injury at camp are the responsibility of the camper's
parents and should be paid by parent's credit card at time of service.

CHECK-IN: 2 PM SUNDAY • DEPARTURE: 1 PM FRIDAY

STAFF TIPPING IS NOT PERMITTED

\$500 deposit per session required. Completely refundable before
February 1. Thereafter deposit refundable less \$300 administrative fee.
Full payment is due by May 15. All applications received after May 15 must be
accompanied by full payment. ONLY FULL PAYMENT WILL GUARANTEE
A PLACE IN THE CAMP. Camp credit only for cancellations within 30
days of scheduled first day. Camp credit only at the discretion of Joel
Ross Tennis & Sports Camp.

Please note: Drugs, alcoholic beverages, and cigarettes are strictly
forbidden and constitute, along with general misconduct, grounds for immediate
dismissal from camp without refund or credit.

Upon receipt of the application each camper will receive a full information
packet including medical and personal information forms necessary for camp.

JOEL ROSS GOLF & SPORTS CAMP

BOX 62H ■ SCARSDALE, N.Y. 10583
(914) 668-3258 ■ Fax (914) 723-4579

www.joelrossgolf.com • info@joelrossgolf.com

After June 20, 2009 at

Kent School • 1 Macedonia Road • Kent, CT 06757
(860) 927-6339 ■ Fax (860) 927-6340

JOEL ROSS Golf & Sports Camp

Owned & operated by Joel Ross Tennis Enterprises, Inc.

SUMMER 2009
JUNE 28 thru AUGUST 14

Name _____ Male
 Female

Address _____

City _____ State _____ Zip _____

Birthday: Month _____ Day _____ Year _____
 Beginner Intermediate Advanced

First Names _____
Mother _____ Father _____

Phones _____
Home _____ Business _____

Cell Phones _____
Mother _____ Father _____

School _____ Grade as of Sept 2009 _____

Camper's e-mail Address _____

How did you hear about us? _____

SESSIONS DESIRED

- 1 June 28 thru July 10 3 July 26 thru August 7
 2 July 12 thru July 24 4 August 9 thru August 14

Tuition per Session: 1, 2 or 3: \$2590, Mini Session 4: \$1195

Each additional Session discount \$200 (Mini Session 4: \$100)

Greens Fees: \$95 per week

For campers staying 2 or more sessions:

- I will I will not be staying for the 'Between Session' stayover
'Between Session' stayover is \$195 additional.

REGISTRATION

\$500 deposit per session required. Completely refundable before February 1. Thereafter
deposit refundable less \$300 administrative fee. Full payment is due by May 15. All
applications received after May 15 must be accompanied by full payment. ONLY FULL
PAYMENT WILL GUARANTEE A PLACE IN THE CAMP. Camp credit only for cancellations
within 30 days of scheduled first day. Camp credit only at the discretion of Joel Ross Tennis Camp.

The applicant will provide proof of recent medical exam and has permission to
participate in this program. In case of emergency, I grant permission for my child to
be given medical treatment as prescribed by a physician or hospital. I agree to hold
Joel Ross Tennis Enterprises, Inc, dba Joel Ross Tennis & Sports Camp and Joel Ross
personally, harmless from any liability, loss, or personal expense arising out of this
camp. I give permission for the use of any photos or video involving my child taken at
camp for publicity purposes. I grant permission for my child to go on camp trips i.e.
bowling, movies, amusement parks, etc. I have read and agree to abide by the above.

X (Parents)
Signature _____

Make checks payable to:
Joel Ross Tennis Enterprises, Inc.
BOX 62H ■ SCARSDALE, N.Y. 10583

Tear here: Mail application and retain information aside for your records.