FOR YOUTH DEVELOPMENT® FOR HEALTHY LUND FOR SOCIAL RESPONSIBILITY

Dear Parent/Guardian,

We are excited to announce the return of Family/Overnights! Family/Overnight program will be offered the second Wednesday of every session and starts at <u>7:00 pm with recommended arrival time at 6:30 pm</u>. Please read through the following information carefully. Please note that payment & completed permission slips are due no later than <u>Tuesday</u>, <u>7/19/22</u> (at the beginning of the day).

| Option 1: Family Night Program | Option 2: Overnight Program | Option 3: NONE OF THE ABOVE |
|---|--|---|
| Campers will stay for dinner and participate | Campers will stay for dinner and participate | Leaving camp at normal pick up time and |
| in skit and awards ceremony. Families are | in skit and awards ceremony. Families are | returning the next morning for a normal |
| welcome to attend the awards and skit | welcome to attend this event! Then the | camp day. |
| ceremony! Campers will leave with | campers will stay overnight with their | |
| guardians after the program. Available | designated groups. Campers will be | No extra cost. |
| for <u>ALL</u> campers. | provided dinner, breakfast and lunch for the | |
| *Only Option available for Vikings | next day. This option is only available | |
| (Preschool-1st grade) | for campers in Spartans and Titans | |
| (Freschool 2 grade) | groups (2nd grade and up) | |
| Cost is: \$20/camper | | |
| | Cost is: \$40/camper | |
| | , | |
| | List of supplies to bring to camp for | |
| | overnight program: | |
| | -Sleeping Bag (hammocks/cots for teens | |
| | ONLY) | |
| | -Pajamas | |
| | -Toothbrush | |
| | -Change of clothes (for the following day) | |
| | -Snacks (no energy drinks please) | |
| | -Pillow/Blankets | |
| | -Trash bag to carry overnight gear | |
| | Camp Cell Phone: 413-977-6104 | |
| | (after six o'clock pm) | |
| | | |

Family/Overnight Permission Slip

Please Fill Out

| My Child: | _ Age: has permission to attend the family/overnight program. |
|-------------------------------|---|
| Parent/Guardian Signature: | PM Phone number: |
| PM Medications: | AM Medications: |
| (All medications need to have | a medical authorization form on file. The form is on our website) |

Check off (**Dinner is ONLY for campers**):

*Please enclose the proper dollar amount (cash) with this permission slip. Thank you ©

| Option 1: Family Night Program: Check: | | Option 2: Overnight Program Check: | Option 3: NONE OF THE ABOVE Check: | |
|--|----------|--|---------------------------------------|--|
| Hot Dog: Ha | mburger: | nany (max of 3)? Cheeseburger: Veggie Burger: | N/A | |
| N/A | | Breakfast : Assortment of breakfast pastries, cereal/milk and orange juice Lunch : Assortment of grinders (ham, turkey & roast beef), fruit snacks and clementine's. | N/A | |