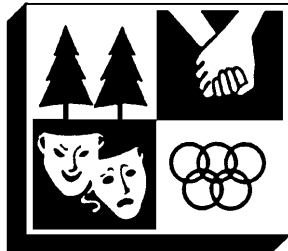


PARENT TOURS

Parents of Fantasy Campers are invited to join us for personal tours on Saturday of Fantasy Camp weekend. While your children are enjoying Fantasy Camp, let us show you around Echo Lake and introduce you to our wonderful staff and program in action! To sign up for a tour, simply call our office and speak with Tony or Amy!

PACKING LIST

- * Complete change of camp clothes (shorts, t-shirt, underwear and socks)
- * Bathing suit and towel
- * One pair of jeans/long pants
- * Sleeping bag and pillow
- * Sweatshirt and rain jacket
- * Toiletries, including sunscreen and bug spray
- * Baseball cap and water bottle



Camp Echo Lake
3 West Main Street
Elmsford, NY 10523

Echo Lake Fantasy Camp

July 26-27, 2008

Open to children
entering grades 1-4 in
September, 2008

Please respond **quickly** as
spaces are limited!

Please fax the registration
form to 914.345.2120
or call 914.345.9099
with questions!

PROGRAM SCHEDULE

Saturday, July 26th

8:30AM	Arrival and Welcome
9:00AM	Morning Line-Up
9:30AM	Group Activity
10:30AM	Group Activity
11:30AM	Group Activity
12:30PM	Lunch
1:00PM	Rest Period
2:30PM	Group Activity
3:30PM	Snack
4:00PM	Swim
5:00PM	Free Play
5:40PM	Evening Line-Up
6:00PM	Dinner
7:00PM	Evening Activity/Campfire
8:30PM	Lights Out

Sunday, July 27th

8:30AM	Wake-Up
9:00AM	Breakfast
9:30AM	Fantasy Camp Graduation

Group Activities include swimming, art, basketball, soccer, "Trek" and more!

Fantasy Camp at Echo Lake is a wonderful first step towards making the transition from day camp to Echo Lake! By combining a sleepover at camp with a full day of camp activities, Fantasy Camp gives our future campers a great taste of what Echo Lake is all about! It also provides them with an extra level of comfort - so when they start at Echo Lake, they already have a feeling of familiarity. Anything we can do to ease the transition to camp for children also benefits you, the parents!

REGISTRATION FORM

Please enroll the below named camper in Fantasy Camp at Camp Echo Lake. Tuition is \$150 and will be applied to your summer tuition should you enroll your child at Echo Lake.

Fantasy Camper's name: _____

Grade as of 9/08: _____

Mom's name: _____

Dad's name: _____

Address: _____

Home phone: _____

Cell phone: _____

E-mail address: _____

Credit Card: (circle one)

Visa Mastercard Discover

Signature: _____

Expiration Date: _____

Billing Address (if different than above): _____

I authorize Tony Stein, Director, or his designated representative to act on my behalf in authorizing emergency medical, dental or surgical care and hospitalization for the above named minor during the period of my absence. This document will be presented to a physician, dentist or appropriate hospital representative at such time as necessary.

Parent Signature: _____

Date: _____

If your child requires any medication while at Fantasy Camp please call the office for more