

SESSION 4 OVERNIGHT PERMISSION SLIP

It is necessary that your camper bring all the necessary items on the following list with them to camp on the overnight day that corresponds to their unit. Please have the items *marked with their name*:

- Sleeping Bag, Sleeping Mat, Pillow
- Pajamas
- Toiletries
- Clothing for the next camp day
- Sweater, jacket and long pants
- A second bagged lunch for the next day (**marked with name**)
- Insect Repellent



The overnight will include camp activities, dinner, a silent hike and camp fire activities (s'mores, songs and stories), and themed activities & games. The campers may sleep under a pavilion or under the stars (weather permitting).

The charge for the overnight is \$35.00 which includes the cost for dinner, evening snack and breakfast. If you have any questions, please feel free to call the camp at 637-6436.

All overnight registrations are on a first come first serve basis and will not be accepted after 12pm on the day prior to the overnight. Payment must be included with the registration.

CASH OR CHECK ONLY (Please and Thank You)

In addition, we will not accept emailed or faxed overnight registrations.

***Please Note: Once registered, refunds are NOT given for overnight cancellations (Unless Cancelled for Weather)**

Thank you,
Megan Davis
Camp Director

Dinner Menu: Super Corn, Chips,
Burgers and Hot Dogs
Dessert: S'Mores
Breakfast Menu: Cereal or Pop-Tarts

NOTE: Any medications (over the counter included) brought on overnights must be in the original bottle/package and accompanied by a medication consent form (provided by request) with doctor and parent/guardian's signature.

Camp Overnight Registration

Please register _____ for the (TONAWEH) / (OYANEH) / (SACHEM) / (TIOGA) overnight.
(camper name) (unit: CIRCLE)

Enclosed is \$35 for the night _____

Please make checks payable to: Camp Iroquois **** WE DO NOT ACCEPT CREDIT CARDS FOR THE OVERNIGHT****
(DUE TO POTENTIAL CANCELLATION AND REFUND PROCESS)

*My child **will/will not** (circle one) need medication administered during the overnight.
Per our Health Care Plan children **may not** carry their own medications.
All medications need to be turned in to the Medical Director.
Medication Consent Form must be on file with camp.
(Contact camp to request a form)

Parent Signature _____ Date _____

Evening Phone _____

Alt. Phone Number _____

* Please Note: Overnights may be cancelled based on weather!

Please check your campers dinner choice below:
____ Hotdog
____ Hamburger
____ Yes, my child will want a second serving of the choice above

**Session 4 Overnight:
Thursday August 17th**