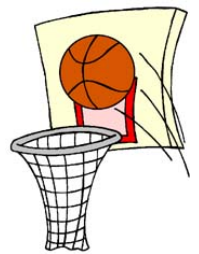




# CMEK SUMMER PROGRAMS



## Basketball • All Sports

	Dates	Times	Cost
Week 2	June 29- July 2	9:00am - 4:00pm	\$ 195
Week 3	July 6 - July 10	9:00am - 4:00pm	\$ 295
Week 4	July 13- July 17	9:00am - 4:00pm	\$ 295
Week 5	July 20-July 24	9:00am - 4:00pm	\$ 295
Week 6	July 27-July 31	9:00am - 4:00pm	\$ 295
Week 7	August 3- August 7	9:00am - 4:00pm	\$ 295
Week 8	August 10- August 14	9:00am - 4:00pm	\$ 295
Week 9	August 17 - August 21	9:00am - 3:00pm	\$ 225
Week 10	August 24 - August 28	9:00am - 3:00pm	\$ 225



### ASK ABOUT OUR DAILY RATES!

\$\$\$ **DISCOUNTS** \$\$\$

Sibling/Friend  
\$25 off per week per friend



All Campers should get dropped off at

**The PAC**  
**50 Piermont Road, Cresskill, NJ**

**Lunch Provided Daily (Kosher or Vegetarian options available)**

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Yes! Please enroll my child in the CMEK Summer Program. Please make all checks payable to the CMEK.

Name of child: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Which weeks attending camp: 1 2 3 4 5 6 7 8 9 10 Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency contact: \_\_\_\_\_

Allergies: \_\_\_\_\_

I am registering my child in athletic activities run by the CMEK, LLC. I hereby agree that my child is participating at his/her own risk and that I am responsible for any injury that may occur. I am also responsible for any damage or injury that my child may cause at any CMEK activity. I also agree that you may utilize photographs and information relating to my child's participation in CMEK activities on your web site and other CMEK publicity and literature. This also includes any testimonials that my child or I may provide.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_