

**Russian-American
Camp-Resort "SKAZKA"**
in Catskill Mountains, New York State
(October-May)
9 Solway Road
(June-September)
Saugerties, N.Y. 12477

For the trip reservations

*call us at:
1-718-232-3050*

1-845-246-4021

APPLICATION

Please reserve me the accommodation in Camp-Resort "Skazka" for _____ trip

from _____ to _____ 201____ year

Name:

Date of Birth (month/day/year) _____ SS# _____

Home Address _____

Telephone _____ (home) _____ (work)

Medical Insurance _____ ID# _____

Emergency Contacts: name _____ relationship _____

Address _____ Telephone _____

After arrival in Camp-Resort "Skazka" I become acquainted with the rules, established there and will carry them out. The parents/Guardians are responsible for fulfillment of the rules by their children.

Signature _____ *(Parents sign for their children)*

Date _____

Attention: *For each camper, including children, the separate Application form must be filled.*

To Register: mail this completed Application with deposit – money order to:

**Camp-Resort "SKAZKA" Corp.
9 Solway Road,
Saugerties, NY 12477.**

** If you need additional Application forms – you can Xerox this one.*

** 2 Days prior to scheduled trip date call us at 1-845-246-4021 for the bus departure*

verification information to Camp-Resort.

** Refund will be given for cancellations no later than 14 Days prior to the trip date.*

for office use only

Trip from _____ to _____ 200__ year

Building _____ Room _____

Cost of accommodation \$ _____

Deposit Amount \$ _____ received _____ (signature) _____ (date)

Balance Amount \$ _____ received _____ (signature) _____ (date)