

# Camp d'Echecs à l'Ecole Bilingue

June 24 - August 2<sup>nd</sup>, 2019

8:30 am - 3:30 pm

Summer Chess Camp with Coaches Nick Matta, Jeff York and Patrick Keegan

Beginner and Intermediate\* Classes / Ages 6-12

Limited class size: Maximum enrollment of 20 students per week.

Format: Chess classes Monday-Friday except on July 4. Class will include group lessons, practice games, puzzles, and tournament play over the full day with breaks for outside play and lunch. Snacks and juice provided for short breaks. Campers should bring their own lunch.

Cost: 2 week session \$489 / 1 week session \$259. \*\*\*A 5% sibling discount is available for the second child enrolling in camp\*\*\*

Morning drop-off 8:30-8:40 am / afternoon pick-up 3:20-3:30\*\* / Before & Aftercare: Registration available through Ecole Bilingue (form attached). Any child dropped off before 8:30 or picked up after 3:30 will be charged beforecare and/or aftercare fees at the daily rate.

\*Students enrolling in intermediate classes must know all of the rules of chess and preferably have some tournament experience.

\*\*Parking is allowed in the parking lot located on the corner of General Pershing and Constance Street.

**Session 1: 6/24 - 7/5 Session 2: 7/8 - 7/19 Session 3: 7/22 - 8/2**

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## Chess Camp Registration

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall 2018: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_

Beginner\_\_ / Intermediate\_\_ Sessions/Dates Attending: \_\_\_\_\_

**\*Payments should be by check payable to Nick Matta for all students**

**Health and Safety Information** (Please list all known conditions.) Does your camper have any medical conditions, allergies, or special needs the staff should know about? This includes not only the ingestion of food, but also the manipulation of food. Please keep this information in mind while considering allergies to report.

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Is your camper taking any medication? If so, what medication and for what reason?

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Camper's Doctor's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Insurance Company: \_\_\_\_\_ Insurance Company's phone: \_\_\_\_\_

Policy Holder's name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group ID:

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