

2020 Summer **CAMP** Schedule

saratogacamps.com

Week #1

June 29 –
July 3

Camp Name: _____ Hours: _____ Total Week Cost: \$ _____
Camp Address: _____ Deposit Paid: \$ _____ Date Paid: ___ / ___ / ___
_____ Remainder: \$ _____ Due Date: ___ / ___ PAID
Contact Person: _____ Phone Number: _____
Email Address: _____ Tax ID: _____

Week #2

July 6-10

Camp Name: _____ Hours: _____ Total Week Cost: \$ _____
Camp Address: _____ Deposit Paid: \$ _____ Date Paid: ___ / ___ / ___
_____ Remainder: \$ _____ Due Date: ___ / ___ PAID
Contact Person: _____ Phone Number: _____
Email Address: _____ Tax ID: _____

Week #3

July 13-17

Camp Name: _____ Hours: _____ Total Week Cost: \$ _____
Camp Address: _____ Deposit Paid: \$ _____ Date Paid: ___ / ___ / ___
_____ Remainder: \$ _____ Due Date: ___ / ___ PAID
Contact Person: _____ Phone Number: _____
Email Address: _____ Tax ID: _____

Week #4

July 20-24

Camp Name: _____ Hours: _____ Total Week Cost: \$ _____
Camp Address: _____ Deposit Paid: \$ _____ Date Paid: ___ / ___ / ___
_____ Remainder: \$ _____ Due Date: ___ / ___ PAID
Contact Person: _____ Phone Number: _____
Email Address: _____ Tax ID: _____

Week #5

July 27-31

Camp Name: _____ Hours: _____ Total Week Cost: \$ _____
Camp Address: _____ Deposit Paid: \$ _____ Date Paid: ___ / ___ / ___
_____ Remainder: \$ _____ Due Date: ___ / ___ PAID
Contact Person: _____ Phone Number: _____
Email Address: _____ Tax ID: _____

Week #6
Aug 3-7

Camp Name: _____ Hours: _____ Total Week Cost: \$ _____
Camp Address: _____ Deposit Paid: \$ _____ Date Paid: ___ / ___ / ___
_____ Remainder: \$ _____ Due Date: ___ / ___ PAID
Contact Person: _____ Phone Number: _____
Email Address: _____ Tax ID: _____

Week #7
Aug 10-14

Camp Name: _____ Hours: _____ Total Week Cost: \$ _____
Camp Address: _____ Deposit Paid: \$ _____ Date Paid: ___ / ___ / ___
_____ Remainder: \$ _____ Due Date: ___ / ___ PAID
Contact Person: _____ Phone Number: _____
Email Address: _____ Tax ID: _____

Week #8
Aug 17-21

Camp Name: _____ Hours: _____ Total Week Cost: \$ _____
Camp Address: _____ Deposit Paid: \$ _____ Date Paid: ___ / ___ / ___
_____ Remainder: \$ _____ Due Date: ___ / ___ PAID
Contact Person: _____ Phone Number: _____
Email Address: _____ Tax ID: _____

Week #9
Aug 24-28

Camp Name: _____ Hours: _____ Total Week Cost: \$ _____
Camp Address: _____ Deposit Paid: \$ _____ Date Paid: ___ / ___ / ___
_____ Remainder: \$ _____ Due Date: ___ / ___ PAID
Contact Person: _____ Phone Number: _____
Email Address: _____ Tax ID: _____

Week #10
Aug 31 –
Sept 4

Camp Name: _____ Hours: _____ Total Week Cost: \$ _____
Camp Address: _____ Deposit Paid: \$ _____ Date Paid: ___ / ___ / ___
_____ Remainder: \$ _____ Due Date: ___ / ___ PAID
Contact Person: _____ Phone Number: _____
Email Address: _____ Tax ID: _____