



e-mail: campapollo@verizon.net
campapollomedical@gmail.com
website: www.campapollo.com
follow us on twitter @campapollo

Camp Apollo
P.O. Box 34
Plainview, New York 11803
516-938-2670

Ed Broad Director
George Rosenbaum, Adm. Director
Michael Gootzeit, Asst. Director
Carl Smith, Building Director
Nicole Binder, Teen Travel Director

Re: Overnight trip to Niagara Falls and Toronto on Monday, August 5 to Thursday, August 8, 2019

May 1, 2109

Dear Teen Parents:

The Immigration and Customs Service requires the camp to have a signed and notarized consent form granting permission to take your child across an international border. This consent form is attached to this letter. If you are in need of a notary there will be one available at all camper registrations, parent orientation, and swim test.

This notarized consent must be from **both** parents and/or guardians. Please submit the notarized consent form no later than July 8th. We will be unable to take your child on this overnight without this document.

Please be advised that your child will need either a birth certificate with a raised seal or a current passport for this trip. This official document must be submitted on or before Monday, July 22, 2019.

If your camper needs to take medication during this trip, please refer to the "Consent-For-Administration-Of-Medication" Form. If your camper may need over-the-counter medication during this trip, please refer to the "Request for Administration of As Needed (PRN) Medication During Camp" Form. If you need assistance or have any medical questions, contact campapollomedical@gmail.com or call the camp office at 516-938-2670.

To provide your camper with an experience they will never forget, we have scheduled several venues to see in Canada. Below is a tentative list of places we intend to visit:

Night tour of Niagara Falls, Wet-N-Wild Toronto, Hockey Hall of Fame, Ripley's Canada Aquarium, CN Tower Toronto, Canada's Wonderland, and Boat Cruise at Niagara Falls.

*Please note, venues are subject to change due to weather conditions or time constraints.

A detailed itinerary will be sent home as we get closer to our trip.

Sincerely yours,

Ed

Ed Broad
Director



e-mail: campapollo@verizon.net
campapollomedical@gmail.com
 website: www.campapollo.com
 follow us on twitter @campapollo

Camp Apollo
 P.O. Box 34
 Plainview, New York 11803
 516-938-2670

Ed Broad Director
 George Rosenbaum, Adm. Director
 Michael Gootzeit, Asst. Director
 Carl Smith, Building Director
 Nicole Binder, Teen Travel Director

2019 CAMP APOLLO CANADA TRIP

Camper's Name _____
 (Please Print)

TO WHOM IT MAY CONCERN:

We, _____ and _____,
 (Full Name of Parent/Guardian) (Full Name of Parent/Guardian)

residing at _____

and can be reached at _____ are lawful Parents/Guardians of
 (phone number)

_____, born on _____,
 (Full Name of Child) (Date of Birth)

who is enrolled as a camper at Camp Apollo, located in Plainview, New York for the 2019 Summer Camp Program.

Our child, _____, has our consent to travel with Camp Apollo to visit Canada
 (Name of Child)
 from Monday, August 5, 2019 to Thursday, August 8, 2019.

 Print Name Signature of Custodial Parent or Guardian Date

STATE OF NEW YORK)
)ss:
 COUNTY OF NASSAU)

On the _____ day of _____ in the year 2019 before me, the undersigned, personally
 appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to
 be the individual(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he/she/they
 executed the same in their capacity(ies) and that by his/her/their signatures on the instrument, the individual(s), or the
 person upon behalf of which the individual(s) acted, executed the instrument.

 Signature and Office of individual Taking the acknowledgement

 Print Name Signature of Custodial Parent or Guardian Date

STATE OF NEW YORK)
)ss:
 COUNTY OF NASSAU)

On the _____ day of _____ in the year 2019 before me, the undersigned, personally
 appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to
 be the individual(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he/she/they
 executed the same in their capacity(ies) and that by his/her/their signatures on the instrument, the individual(s), or the
 person upon behalf of which the individual(s) acted, executed the instrument.

 Signature and Office of individual Taking the acknowledgement