

# Westchester Arc 2008

## Recreation & Respite

### Registration Form

### CLUB ECHO TRIPS

(This form is only for vacationers living in a community residence)

NAME OF VACATIONER: \_\_\_\_\_

NAME OF RESIDENCE: \_\_\_\_\_ AGENCY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ Phone# (home): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Phone# (work) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX#: \_\_\_\_\_

<u>Choice</u>	<u>Program</u>	<u>Dates</u>	<u>Fee</u>
	Day Trip – Dinner Theater Beauty and the Beast	July 13	95.00
	Day Trip – Dinner Theater A wonderful life	Nov 30	95.00
	Day Trip – Mets Game	To Be Announced – see our website	95.00
	Day Trip - Yankees Game	To Be Announced – see our website	95.00
	Day Trip – Medieval Times	Sept 21	75.00
	Weeklong -Trip Vegas <b>(must be self medicated)</b>	May 12 - May 16	950.00
	Weeklong Trip- Lake George	Aug 11 - Aug 15	850.00
	Weeklong Trip- Cape Cod <b>(must be self medicated)</b>	Aug 31 - Sept 5	875.00
	Weeklong Trip- Memphis <b>(must be self medicated)</b>	Oct 6 - Oct 10	925.00

Please select a trip by writing a “1” in the choice column. You may select another trip as an alternative by writing “2”. You will be contacted by phone if either your first choice or both selections are filled. No more than one trip per person. Please mail this form ASAP to Annabel Bayon at 121 Westmoreland Ave, White Plains, NY 10606.

Telephone # 914-949-9300, ext. 3220, Fax # 914-949-8645, Email: [abayon@westchesterarc.org](mailto:abayon@westchesterarc.org)

**Westchester Arc  
2008 Camp Echo  
Group Home  
Registration Form**

Name of Residence: \_\_\_\_\_ Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

*Camp Echo 2008 Session Dates and Fees:*

Session #1	Friday, July 4 - Saturday, July 12	9 days - \$1,050
Session #2	Monday, July 14 - Saturday, July 19	6 days - \$700
Session #3	Monday, July 21 - Saturday, July 26	6 days - \$700
Session #4	Monday, July 28- Saturday, August 2	6 days - \$700
Session #5	Tuesday, August 5 - Friday, August 15	11 days - \$1,250

CAMPER NAMES	First Choice	Second Choice
1.	Session #: _____	Session #: _____
2.	Session #: _____	Session #: _____
3.	Session #: _____	Session #: _____
4.	Session #: _____	Session #: _____
5.	Session #: _____	Session #: _____
6.	Session #: _____	Session #: _____
7.	Session #: _____	Session #: _____
8.	Session #: _____	Session #: _____

**Please mail or fax completed registration form to:  
David Gasparri, Westchester ARC Recreation Department  
121 Westmoreland Avenue, White Plains, NY 10606**

**Fax number: 949-8645 (Please call or e-mail me to confirm that I received your fax.)**

**If you have any questions, please call David Gasparri at 914-949-9300, ext. 3218.  
E-mail – [dgasparri@westchesterarc.org](mailto:dgasparri@westchesterarc.org)**