

**O.P.E.I.U. LOCAL 153,  
AFL-CIO  
www.opeiu-tristate.org**

**265 West 14<sup>th</sup> Street, 6<sup>th</sup> floor / New York, NY 10011**

**Tel: 212-741-8282**

**Fax: 212-463-9479 / E-mail: [lp@opeiu-tristate.org](mailto:lp@opeiu-tristate.org)**

## SUMMER CAMP PROGRAM 2010

PLEASE PRINT CLEARLY AND RETURN THIS APPLICATION BACK TO YOUR UNION/LOCAL

Name of Union: O.P.E.I.U. LOCAL 153

Coordinator's Name: LUISA POSIVAL Telephone #: (212) 741-8282, EXT. 104

Member's Name: \_\_\_\_\_ Telephone #: ( )

Company: \_\_\_\_\_

MEMBER/PARENT OR GUARDIAN (please circle one)

Child's Full Name \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: ( ) Work Phone #: ( )

This year's choice of Camp: 1. \_\_\_\_\_

(Please see list of camps)

- Please make sure that you call the camp that you have chosen from the list to register your child. Because of the high volume and the "first come, first serve basis" at the camps, we suggest you get your children to the doctor's office early for the physical examination that the camps usually require.

**Return this application for approval and scholarship fee no later than May 31, 2010 to:  
Local 153, 265 W. 14<sup>th</sup> St., New York, NY 10011 or fax to: 212 463-9479**

FOR LOCAL OFFICER APPROVAL: Local Union \_\_\_\_\_ includes \$100.00 scholarship fee for the applicant  
(Check Enclosed).

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

**\*NOTICE TO ALL APPLICANTS: YOU MUST CALL THE CAMP OF YOUR CHOICE TO REGISTER.**  
All applicants for summer camp will be required to pay the camp to which they are referred. Fees are established by the camps. Some camp fees are on a sliding scale, based on ability to pay. **PROOF OF INCOME WILL BE REQUIRED BY THE CAMP.**