AT THE FLANDERS YOUTH CENTER,
655 FLANDERS ROAD, FLANDERS

$575
8 WEEKS
JULY 1ST - AUG. 22ND
MON - THURS, 12:30PM - 5:00PM
FOR YOUTH GOING INTO GRADES 5 - 8

*PRICE INCLUDES COST OF
FIELD TRIPS, LUNCH & SUPPLIES

REGISTER BY APRIL 26TH FOR $50 OFF

FOR MORE INFORMATION, PLEASE CALL (631) 702-2425 OR
VISIT WWW.SOUTHAMPTONTOWNNY.GOV/YOUTHBUREAU

UNLEASH YOUR INNER SHERLOCK HOLMES AND LEARN HOW TO BE
A DETECTIVE. NEW FIELD TRIPS WILL BE HELD EVERY WEEK!

REGISTRATION BEGINS MONDAY, APRIL 1ST!
SUMMER SPY CAMP AT THE FLANDERS YOUTH CENTER

APPLICATION

(Co m p l e t e d form must be submitted to the Youth Bureau Office w/ payment.)

Checks payable to: TOWN OF SOUTHAMPTON

Mail to: Town of Southampton - SUMMER SPY CAMP 655 Flanders Road, Flanders NY 11901

Child’s Name_____________________________________________________________________________________

Grade entering Sept 2019 __________ Date of Birth _______________ School__________________________

Allergies or Medical Condition_____________________________________________________________________ 

Parent / Guardian Name__________________________________________________________________________ 

Address_________________________________ PO Box _______________ Town ______________________ Zip _______

Home #____________________________________ Cell # _______________________________________________ 

Email Address____________________________________________________________________________________

Emergency Contact other than parent/guardian:

Name:________________________ Address______________________________________________________________

Home # ___________________________ Cell # ____________________________________________________________

Relationship ______________________ 

The following persons are permitted to pick up my child____________________________________________

Enrollment Fee: $575 per child 

$525 per child if registered by April 26, 2019

I give permission for my child _____________________________________ to participate in the

Town of Southampton Youth Bureau’s Summer Spy Camp from July 1, 2019 until Aug 22, 2019;

including bus trips to various locations. I understand the program promptly begins at 12:30pm
and ends at 5:00pm. I will drop off and pick up my child on time each day. I certify that my child
is in good physical health and is able to participate fully in this activity. In the event of a medical
emergency and I cannot be reached, I authorize the Town of Southampton Youth Bureau staff

to seek emergency medical treatment. I also consent to photographs being taken of my child,
understanding they may be used for promotional purposes. 

There are no refunds after June 21, 2019.

Signature __________________________________________Date _______________________

Office Use: paid in full cash/check # _______ Proof of Grade: Report Card yes/ no (please make a copy)