

Sponsored by the Town of Southeast Recreation Department

LEGO CAMP

DIRECTOR: Play-Well TEKnologies

DATES: August 5, 6, 7, 8, 9

TIME/AGE: Ages 5 - 12 - 9:00am to 4:00pm

LOCATION: 140 Pumphouse Road (Next to Castle Park)

FEE: \$320 (MAXIMUM OF 24 STUDENTS)
(Payable to Town of Southeast)



AM Session: Level up your engineering skills with Play-Well TEKnologies and tens of thousands of LEGO® parts! Apply real-world concepts in physics, engineering, and architecture through engineer-designed projects such as Gear Cars, Castles, Airplanes, and Scissor Lifts. Design and build as never before, and explore your craziest ideas in a supportive environment. There are no prerequisites for this course.

PM Session: The Force Awakens in this advanced engineering course for young Jedi! Discover key engineering concepts such as gear trains, worm drives, pneumatics, and eccentric motion. Build projects using LEGO® materials such as X-Wings, AT-AT walkers, Pod Racers, Star Destroyers, Cloud Cities, Settlements, Fortresses, and other complex machines and structures from a galaxy far, far away.

ACTIVITIES REGISTRATION FORM

PROGRAM: _____ **GRADE:** _____

NAME: _____ **MALE:** _____ **FEMALE:** _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

PHONE: (HOME) _____ **(WORK)** _____ **(CELL)** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

FEE (non-refundable) : CREDIT CARD: _____ CHECK: _____ CASH: _____

CREDIT CARD INFO (No Amex): Number” _____

Beginning September 2017 all programs will be subject to a 2% processing fee for all credit card payments.

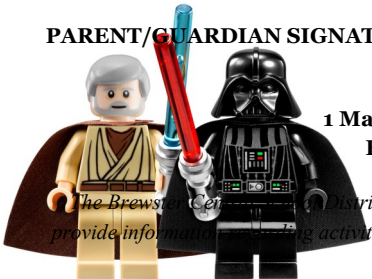
Expiration date: _____ **Security Code:** _____

E-MAIL ADDRESS: _____

_____ has my permission to participate in the Southeast Recreation program. I assume all risks and hazards incidental to such participation including transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the sponsors and coaches for any claim arising out of an injury to my child. I also understand that it is my responsibility to notify the instructor of any MEDICAL/PHYSICAL condition that could limit my child’s participation or that requires special attention.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Mail or drop off at: Town of Southeast Recreation Department
1 Main Street / Brewster, NY 10509 / phone: (845)279-3915 / Fax: 845-279-3137
E-Mail: recreation@southeast-ny.gov Website: www.southeast-ny.gov



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