



ВОВЧА ТРОПА

Plast Camp

Sayre Hill Road, East Chatham, New York 12060 (518) 392-5801

Dear Parent/Guardian,

It is camp policy that parents/guardians are responsible for payment of all healthcare services received by their child/children during the child/children's stay at Plast Camp - Vovcha Tropa. Because you have no health insurance coverage for your child/children, you are personally responsible for paying all healthcare charges and fees incurred by your child/children while at Plast Camp – Vovcha Tropa during the time period of

July _____ and July _____ (*please fill in dates.*)

Please sign below and return this document by June 1st to:

Plast Camp
c/o Iryna Pawliczko
8 Columbus Drive
Carmel, NY 10512

I have read and understand the policy stated above and hereby accept responsibility for payment for any healthcare service(s) provided to my child/children while at Plast Camp – Vovcha Tropa.

NAME OF CHILD/CHILDREN

SIGNATURE OF PARENT/GUARDIAN

DATE