



Camp Lee

Come join us for Camp LEE

Friday, September 10th - Saturday, September 11th, 2021



Camp Lee is a unique opportunity for Lee families to spend the night at the school and camp with other Lee families.

Camping fees for families with a current PTA membership is only \$20 (\$30 without).

Campsites will be assigned on a 1st come, 1st served basis.

You may bring your own dinner and breakfast or purchase by pre-ordering using the form below.

All proceeds from this event benefit 5th grade activities and other LEE PTA sponsored programs.

*Please note that you will NOT be able to purchase dinner/breakfast on-site

**** THE ONLY OPEN GATE WILL BE THE BIG GATE BY THE WEMBLEY GATE (BACK MIDDLE!) ****

Schedule of Events

Friday 9/10

4:30pm	Check in begins. Campers must register at the check-in booth to receive a wristband for all campers in their tents.
4:30pm-6:30pm	Let's Build a Stuffed Animal and Photo Booth Activities
5:30-7:00pm	Dinner: Purchased pre-order meals will be served
7:00-8:00pm	Scavenger Hunt/Dance Party
8:00-9:45pm	Movie (bring chairs and blankets) IT'S A SURPRISE!
10:00pm	Lights Out

Saturday 9/11

7:00-9:00am	Breakfast
10:00am	All campers and camping gear must be cleared out by 10am.

Non-Campers

If your family wishes to attend the event but is unable to camp overnight, you must pay the non-camper fee and register to receive your wristbands. Non-Campers must exit the school grounds by 10:00pm.

Please return the bottom of this form along with the parent approval/student waiver form and payment NO LATER THAN **Wednesday, September 8, 2021.*

Please make checks payable to "Lee PTA", Send cash payment, or pay online <http://camp-lee.cheddarup.com>

Oldest Child's Name: _____ Room # _____

Family Camp Fee \$ _____ \$20 PTA members / \$30 non-members

Non-Camper Family Fee \$ _____ \$20 PTA members / \$30 non-members

_____ Qty. Dinner \$ _____ (\$5.00 each Dinner Meal)

(Includes 1 hot dog, bag of chips, and a drink)

_____ Qty. Breakfast \$ _____ (5.00 each breakfast meal)

(Includes pancakes, eggs, bacon, juice and coffee)

Total # of family members attending _____ Total Enclosed \$ _____



Camp Lee Rules



Listed below are rules to make sure Camp LEE is safe and fun for all who attend. A parent or guardian must sign and return the bottom portion with the registration form.

*Due to limited number of campsites, we can only accommodate Lee families.

- **Wristbands:** All campers must register at the check-in booth to receive a wristband. Wristbands must be worn at all times. Check in starts are 4:30pm.
- **Campsites:** All sites are assigned first come, first served.
- **Parking:** There will be no parking on the black top. All campus gates will close at 9:00pm and be reopened at 6:00am.
- A parent/guardian must stay in the tent w/their children. No R.V.'s, trailers, or sleeping in vehicles allowed
- No child will be allowed to walk to the restroom alone after 8pm. Restrooms will be open during the night, but please escort your child.
- **Lights Out:** Everyone is to be in their tents at 10:00pm. This is a quiet time as a courtesy to the surrounding neighbors.
- **Things to Bring:** Tent, sleeping bags, pillows air mattresses, flashlights or lanterns, blankets, Chairs, cards or games to play in your tent and any personal items.
- **What NOT to Bring:** Stereos, scooters, skateboards, bikes, rollerblades
- Please remember per California Education Code, Lee Elementary is a **drug free, alcohol free and tobacco free campus.**
- California PTA prohibits the use if any open flames such as camp fires at any PTA event.

-----Tear here and return this portion-----
Student Waiver/Parent Approval

Older Child's Name _____, other children camping, have my permission to participate in Camp LEE, beginning at 4:30pm on September 10th and ending at 10:00am September 11th.

Parent/Guardian Name: _____ understand that I/we will be camping with our child/children and will adhere to the rules above. In case of emergency, I give permission for medical treatment to be administered to my child by a qualified person. It is further understood that the undersigned will assume full responsibility for any action, including payment of costs. I/we advise that said child has the following medical conditions or allergies that should be made known to the treating physician or medical facility. Write "None" if this does not apply.

Print Parent/ Guardian Name

Parent/Guardian Signature

Address

City

Phone