

Long Island Chess Mates
IN PARTNERSHIP WITH CRESTWOOD COUNTRY DAY & CAMP
313 Round Swamp Rd, Melville, NY 11747

PRESENTS

Summer Chess Camp

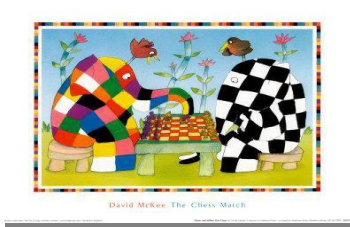
SPORTS ELECTIVES:

SOCCER - BASKETBALL - TENNIS - FIELD HOCKEY - PICKLEBALL - MINIATURE WATER PARK

August 26 - 29, 2019

(MONDAY-THURSDAY)

9:00 am - 4:00 pm



HEAD COACH: GRANDMASTER GENNADY SAGALCHIK

CHES: In our program, children are afforded a uniquely-structured opportunity to develop and nurture a love of chess and enhance their learning experience within an inspiring and fun atmosphere. The camp offers high-level chess training programs for K-12 students of all chess levels from novice to advance. Each student will be individually evaluated to determine the best fit based on age and level of play. Our students will discover new friendships while balancing the challenge of competitive teamwork with individual effort

SPORTS ELECTIVES: Soccer - Basketball – Field Hockey – Tennis – Pickleball – Miniature Water Park
Students will have an opportunity to choose the sports electives on a daily basis

LUNCH IS MADE AVAILABLE TO PRE-ORDER FROM A LOCAL CAFÉ OR BRING YOUR OWN

SAMPLE DAILY SCHEDULE

9:05 - 10:00 – Lesson

10:05 - 11:00 – Sport Elective

11:15 - 12:00 – Tactics Training

12:10 - 12:50 – Lunch



1:00 - 1:55 – Lesson

2:00 - 2:45 – Sport Elective

2:50 - 3:50 – Tournament

3:50 - 4:00 – Dismissal

TUITION: \$650, **\$100 off if registered by 2/28, \$75 off by 4/30, \$50 off by 5/30, \$25 off by 7/31**

*10% Sibling Discount Available

ADDITIONAL INFORMATION: lichessmates@gmail.com; TEL.: (516) 225 – 0600

www.lichessmates.com

Long Island Chess Mates @ Crestwood

SUMMER CAMP REGISTRATION FORM

(August 26 - 29, 2019)

Student's Name: _____ Age _____ Grade (Sep'19) _____

Chess Level or Rating: _____ Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone # _____

Email Address: (please print) _____

Mother's Name: _____ Cell Phone # _____

Father's Name: _____ Cell Phone # _____

Emergency Contact: Name _____ Tel# _____

You will be receiving a package with medical forms, emergency forms and waivers prior to start of the program. All forms must be on file prior to start of the program. Permission is granted for student to engage in all program activities except as noted on child's health form.

Permission is granted to use any photos in connection with publicity for the LI ChessMates Program.

Parent Signature: _____ Date: _____

Tuition: \$650, **\$100 off if registered by 2/28, \$75 off by 4/30, \$50 off by 5/30, \$25 off by 7/31**
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Please make checks payable to: Chess Mates, and mail your application & payment to: Roslyn Chess Club & Scholastic Center, 20 ROOSEVELT AVE., ROSLYN, NY 11576