

# 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 - BADMINTON - PICKLEBALL - MINIATURE WATER PARK

**August 24 - 28, 2020**

9:00 am - 4:00 pm



HEAD COACH: GRANDMASTER GENNADY SAGALCHIK

**Chess:** 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. 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: \$795, \$150 off if registered by 4/30, \$100 off by 5/31, \$50 off by 6/30, \$25 off by 7/31**

**PER DAY TUITION OPTION: \$165**

\*10% Sibling Discount Available

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

[WWW.LICHESSMATES.COM/CMCRESTWOOD](http://WWW.LICHESSMATES.COM/CMCRESTWOOD)

# Long Island Chess Mates @ Crestwood

## SUMMER CAMP REGISTRATION FORM

(August 24 - 28, 2020)

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade (Sep'20) \_\_\_\_\_

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: \_\_\_\_\_

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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