



Summer Chess Camp 2011

*St. John's Presbyterian Church, Main Chapel
25 Lake St., San Francisco CA
Call: (415)412-4040*

With all the distractions of summer, Academic Chess is proud to announce the 8th Annual Summer Camp in the 'Sanctuary'....The Perfect Chess Venue. The camp is an excellent opportunity for children to have fun while stimulating both their minds and imaginations.

- P Instruction & Exercises to reinforce chess principles**
- N Hikes into the Presidio**
- B Breakdown of historic games**
- R Games on our giant chess set**
- Q Movies on DVD**
- K Alternate daily activities: Gymnastics, Yoga, Theatre**
- # Friday Tournament and pizza – trophies awarded**

Camp meets from **12 noon to 4 p.m.** Snacks are provided every day, with our usual 'pizza party' on Fridays. Participants in the camp will receive an exclusive workbook appropriate to their skill level, a weekly certificate of participation, and a tournament size chess set(1). Academic Chess emphasizes community, fun, learning, and good sportsmanship in all its events

SUMMER CAMP DATES:

- Week 1: June 6-10
- Week 2: June 13-17
- Week 3: June 20-24
- Week 4: June 27-July 1
- Week 5: July 5-8
- Week 6: July 11-15
- Week 7: July 18-22
- Week 8: July 25-29

SUMMER CAMP RATES:

- 1 Week: \$200.00
- Week 5: \$160 (short week)
- 3 or more weeks: \$160/week
- ALL 8 Weeks: \$1200.00
- Friday Tournaments-\$40/space is limited. Must register by Wednesday, two days prior to Friday tournament. (Tournament included for campers)
- Early Bird Discount- 20% off(1 week) if postmarked on or before March 31.

ACADEMIC CHESS SUMMER CHESS CAMP @ THE SANCTUARY

I give permission for my child _____ to attend Academic Chess Summer camp for the weeks denoted below. I give permission for emergency medical care to be administered by the nearest emergency facility. I understand that if an emergency should arise I will be immediately notified.

CHILD'S NAME: _____ AGE/GRADE: _____

ADDRESS: _____ Email: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

PARENT'S NAME: _____ EMERGENCY CONTACT: _____

SIGNATURE: _____ DATE: _____

***Please check the weeks your child will attend Academic Chess summer camp (dates above):**

WEEK ONE: _____ WEEK TWO: _____ WEEK THREE: _____ WEEK FOUR: _____

WEEK FIVE: _____ WEEK SIX: _____ WEEK SEVEN: _____ WEEK EIGHT: _____

***Please complete form and mail payment to:**