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Director
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TWU Local 100 Trustees
Shannon Polland
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Summer 2025 Camp Invoice

From:

Camp's Name: _____

Camp's Address: _____

Camp's Phone #: _____

For:

Member's Name: _____

Pass #: _____

Child's Name: _____

Child's Age: _____

Session Dates:

From: _____ To: _____

Camp Fee: \$ _____

Registration Fee: \$ _____

Before/After Care Fee: \$ _____

Transportation Fee: \$ _____

Food/Clothing Fees: \$ _____

Other Fees: \$ _____

Total Fee: \$ _____

Please read the terms and conditions below. Please also note that only the months of July & August are covered.

Camp Staff Signature: _____

(Must be signed by the Program Coordinator or Director).

Camp Staff Name (please print): _____

Date: _____

Terms and Conditions

Registration fee:

- CCF **will not pay** for any registration fees.

Entertainment Expenses:

- CCF **will not pay** for before and/or after summer school programs.
- CCF **will not pay** for programs that are geared specifically towards:
Gymnastics, Dance Classes, Ballet Classes, Karate Classes, Sports Clubs/Camps/Activities, Acting Classes,
Music/Instrument Classes, Photography Classes, Art Classes, Chess Clubs, etc.

Transportation:

- CCF **will not pay** for the cost of transporting your child to and/or from your childcare provider.

Food, Lodging, and Clothing:

- CCF **will not pay** for any food, lodging, and/or clothing expenses.

Invoice and attendance sheet are due no later than August 15th, 2025. Camp must accept our voucher check and reimburse the participant if they've paid in full.

DO NOT FAX OR EMAIL.