

Enclosed is the  $\frac{$800}{0}$  deposit for 3 and 6 week campers or  $\frac{$300}{0}$  deposit for Roots & Shoots campers (refundable until Dec. 31, 2015). The balance is due by March 1, 2016 or within one month of registration after March 1.

 $\label{eq:REGISTER} \textbf{REGISTER ONLINE} \ at \\ \textbf{www.CampMontShenandoah.com}$ 

eriod Enrolled: (check one)						
1	6 weeks: June 25 - August 6					
1	<b>1st 3 weeks:</b> June 25 - July 16					
1	2nd 3 weeks: July 17 - August 6					
1	Roots & Shoots: August 7 - August 13					

EST. 192

PLEASE ENROLL				
(FIRST)	(MIDDLE)	(LAST)	(NICKNAME)	
ADDRESS		CITY	STATE ZIP	
Dr. Mr. Mrs. Ms.		Dr. Mr. Mrs. Ms.		CAMPER'S E-MAIL ADDRESS
	PARENT 1		PARENT 2	BIRTHDAY (MONTH - DAY - YEAR)
	ADDRESS		ADDRESS	
				PRESENT GRADE
( )	CITY/STATE/ZIP	( )	CITY/STATE/ZIP	
HOMETELEPHONE )		HOMETELEPHONE ( )		AGE ON JUNE 25 IN <u>YEARS AND MONTHS</u>
	WORK TELEPHONE	WORK TELEPHONE		
( )		( )		SCHOOL ATTENDING
	CELL PHONE		CELL PHONE	PLEASE COMPLETE BOTH SIDES!
	EMAII		EMAII	<u> </u>



Are there any special needs about which we should be aware?

Please give a brief description of why you are choosing Mont Shenandoah for your daughter. What do you hope she will gain from her camping experience with us?

List the name of **one** camper your daughter would like to be placed with in a cabin, if she has a preference. Please note that we attempt to accommodate all requests but do place campers in cabins according to age.

I agree to remit payment in full for session indicated on the reverse side of this card. I look forward to my daughter participating in all activities and programs offered by Camp Mont Shenandoah (with the exception of limitations/restrictions outlined on the health form). In addition, Camp Mont Shenandoah may use photographs and video of my daughter for promotional purposes.

SIGNATURE OF PARENT OR GUARDIAN