

How did you hear about Camp Mont Shenandoah?

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.

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

Is your daughter a legacy (mother, grandmother, aunt or sister attended CMS)? If yes, who is the relative and is she a Green or a Buff?

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

Please return this form to: Camp Mont Shenandoah • 218 Mont Shenandoah Lane • Millboro Springs, VA 24460 • 540.997.5994