



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.

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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.

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SIGNATURE OF PARENT OR GUARDIAN

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