



Jay and Ann Batley, Directors
Camp Mont Shenandoah
218 Mont Shenandoah Lane
Millboro Springs, VA 24460
www.CampMontShenandoah.com

Est. 1927

Enclosed is the \$600 deposit for 3 and 6 week campers or \$300 deposit for Roots & Shoots campers (refundable until Dec. 31, 2011). The balance is due by March 1, 2012 or within one month of registration after March 1.

Period Enrolled: *(check one)*

- 6 weeks:** June 23-August 4
- 1st 3 weeks:** June 23-July 14
- 2nd 3 weeks:** July 15-August 4
- Roots & Shoots:** August 5-August 11

PLEASE ENROLL _____
 (FIRST) (MIDDLE) (LAST) (NICKNAME)

ADDRESS/CITY/STATE/ZIP _____

MR.
 DR.

MS.
 MRS.
 DR.

FATHER'S NAME

MOTHER'S NAME

ADDRESS

ADDRESS

CITY/STATE ZIP

CITY/STATE ZIP

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HOME TELEPHONE

HOME TELEPHONE

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WORK TELEPHONE

WORK TELEPHONE

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CELL PHONE

CELL PHONE

EMAIL

EMAIL

CAMPER'S E-MAIL ADDRESS

BIRTHDAY (MONTH/DAY/YEAR)

PRESENT GRADE

AGE ON JUNE 23 IN YEARS/MONTHS

SCHOOL ATTENDING

PLEASE COMPLETE BOTH SIDES!

How did you hear about Camp Mont Shenandoah?

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 health form.) In addition, Camp Mont Shenandoah may use photographs and video of my daughter for promotional purposes.

SIGNATURE OF PARENT OR GUARDIAN