



Jay and Ann Batley, Directors
Camp Mont Shenandoah
218 Mont Shenandoah Lane
Millboro Springs, VA 24460

Enclosed is the \$600 deposit for 3 and 6 week campers or \$300 deposit for Roots & Shoots campers (refundable until Dec. 31, 2007). The balance is due by March 1, 2008.

Period Enrolled: *(check one)*

- Roots & Shoots I:** June 14-June 20
 6 weeks: June 21-August 2
 1st 3 weeks: June 21-July 12
 2nd 3 weeks: July 13-August 2
 Roots & Shoots II: August 3-August 9

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

ADDRESS/CITY/STATE/ZIP _____

MR. MS.
 DR. 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 16 IN YEARS/MONTHS

SCHOOL ATTENDING

PLEASE COMPLETE BOTH SIDES!

Please give a brief description of why you are choosing Mont Shenandoah for your daughter's camping experience and what you hope she will gain from Camp Mont Shenandoah.

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

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 of my daughter for promotional purposes.

SIGNATURE OF PARENT OR GUARDIAN