

Campers

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Sex: M F

Birth Date: _____ Age: _____

Circle Preference:

Week 1

Week 2

Circle Camp T-Shirt Size: (Pre-Ordered)

S

M

L

XL

XXL

Camper Fee of \$185: (\$50.00 down payment)

_____ Check Enclosed

_____ Will Contact Camp w/
Payment Plan

Primary Contact: _____

Care Providing Agency: (if applicable)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (Daytime)

Telephone: _____ (Evening)

E-Mail: _____

Date: _____

Complete and return along with your
\$50.00 nonrefundable down payment to:

Camp ReCreation
PO Box 26
Richardton, ND 58652