❒ New Camper

❒ Returning Camper

Camp Washington - 2012 Registration Form

- **Please note that all campers are registered on a first come first serve basis!**
- **All registrations must be accompanied by a $100 per session non-refundable deposit.**

Camper's Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Home Telephone: (_____) _____ ❒ Boy

Parent's Email Address: _____ ❒ Girl

Date of Birth:: _____ Grade completing in June: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Episcopal? ❒ Yes ❒ No Other Denomination: _____

Parish Name: _____

Parish Town: _____

Bunk Request: (1 request only for child same age or +/- 1 year. Other child must make request also.)

Please bunk my child with: _____

Payment Information: ❒ Check enclosed ❒ Visa ❒ Mastercard ❒ Discover

Card #: ❒❒❒❒❒❒❒❒❒❒❒❒❒❒❒❒

Security Code: ❒❒❒

Cardholder's Name: _____

Cardholder's Signature: _____

Exp. Date: _____/_____ Amount: $ _____

CHILDREN'S CAMPS AGES 7 –12		TEEN CAMPS AGES 12-16	
❒MINI Week (ages 5-12) - 3 days	$250	❒Performing Arts Camp	$550
❒Children's Camp 1	$525	❒Teen Camping Skills (ages 13-16)	$525
❒Stay-Over Weekend	$200	❒Teen Camp 1	$525
❒Children's Camp 2	$525	❒Stay-Over Weekend	$200
❒Horseback Riding	$260	❒Teen Camp 2	$525
❒Children's Camping Skills	$525	❒Outreach Leadership Camp (ages 13-16)	$575
❒Children's Camp 3	$525		

New Camper Referral Reward:

I referred: _____

- **Please return completed form and non-refundable $100 per session deposit to: Camp Washington, 190 Kenyon Rd., Lakeside, CT 06758**
- **Questions? Phone - 860-567-9623 / FAX - 860-567-3037 / camp@campwashington.org / www.campwashington.org**