



CAMP WINADU

Owners/Directors:

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Summer Office: from 5/1 to 8/31
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3 New King Street, White Plains, NY 10604
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FATHER AND SON CAMP 2012

My son(s) _____
First, Last (Please Print)

and I, _____ would like to enroll in the annual Father and Son Camp
First, Last (Please Print)

from Saturday, August 11th through Sunday, August 12th, 2012. I plan to arrive at 10:00 am on Saturday.

Parent's Signature _____ **Date** _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____

Occupation _____ Email _____

Business Phone _____ Cell Phone _____

Joining us will be:

Name of Additional Adult _____ Relationship _____

Name of Additional Child _____ Age _____ Date of Birth _____

TUITION: \$200 per Family

A deposit of \$50 must accompany this application in order to hold your reservation.

Please send additional Father and Son Discovery Week information to my Friend Relative

Name _____ Phone _____

Child's Name _____ Date of Birth / Age _____

Address _____

City _____ State _____ Zip _____