

FATHER AND SON CAMP 2010

Dear Shelley,

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 14th through Sunday, August 15th, 2010. I plan to arrive at 10:00 am on Saturday.

Parent's Signature _____ **Date** _____

Home Address _____ Phone () _____

City _____ State _____ Zip _____ Email _____

Business Address _____ Phone () _____

City _____ State _____ Zip _____ Email _____

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 _____

Address _____

City _____ State _____ Zip _____