



PLEASE RETURN TO:

WINTER (September 1 - May 1)
P.O. Box 880449, Boca Raton, FL 33488
p: 800-494-6238 f: 561-883-6490

SUMMER (May 1 - August 31)

700 Churchill Street, Pittsfield, MA 01201
p: 413-447-8900 / 800-494-6238
f: 413-447-8905

Camper(s) Name _____
First, Last (Please Print)

CREDIT CARD INFORMATION FOR CO-PAY

Please check one: Visa MasterCard

Credit Card Number _____ Exp. Date (month/year) _____

Name on Credit Card _____

Last 3 digits on the signature strip on the back of the card _____

MEDICAL INSURANCE INFORMATION

Medical Insurance Carrier _____

Address _____

City _____ State _____ Zip _____

Cardholder Name _____

Group Number _____ Policy Number _____

Phone Number for verification _____

PRESCRIPTION INSURANCE INFORMATION

Is the camper covered by family prescription insurance? Yes No

If so, indicate Carrier or Plan Name _____

Address _____

City _____ State _____ Zip _____

Name of Insured _____ Relationship to Camper _____

Social Security Number of Policy Holder or Insurance ID Number _____

Phone number for verification _____