

TAMARAK DAY CAMP

23970 North Elm Road, Lincolnshire, Illinois 60069 (847) 634-3168 Fax 634-8262

Home & Route Information

Camper's Last Name Only: _____	Complete below if moving or temporary address information needed:
Telephone: _____	_____
Street Address: _____	_____
City / State: _____ Zip: _____	_____
E-mail: _____	Move Date: _____

1st Camper's Name: _____ DOB: ___/___/___ Boy Girl
Weeks Attending: All 8 weeks 1st 4 weeks 2nd 4 weeks Lunch Program: Yes No
Full Day Program or Munchkin 4-Years Old Munchkins: 3 days per week or 5 days per week
Shirt Size: 6/8 10/12 14/16 Adult: S M L XL
School Attending Next Year: _____ Grade Next Year: _____
Friendship Requests: 1st _____ 2nd _____

2nd Camper's Name: _____ DOB: ___/___/___ Boy Girl
Weeks Attending: All 8 weeks 1st 4 weeks 2nd 4 weeks Lunch Program: Yes No
Full Day Program or Munchkin 4-Years Old Munchkins: 3 days per week or 5 days per week
Shirt Size: 6/8 10/12 14/16 Adult: S M L XL
School Attending Next Year: _____ Grade Next Year: _____
Friendship Requests: 1st _____ 2nd _____

3rd Camper's Name: _____ DOB: ___/___/___ Boy Girl
Weeks Attending: All 8 weeks 1st 4 weeks 2nd 4 weeks Lunch Program: Yes No
Full Day Program or Munchkin 4-Years Old Munchkins: 3 days per week or 5 days per week
Shirt Size: 6/8 10/12 14/16 Adult: S M L XL
School Attending Next Year: _____ Grade Next Year: _____
Friendship Requests: 1st _____ 2nd _____

Deposit Information: A deposit of \$500 per camper is required with registration and may be faxed or mailed. Deposits are refundable until March 1st. The camp balance is due May 1st. Fees paid late are subject to a 2% per month late fee.

Deposit Type: Check MasterCard Visa Amount Enclosed: _____

Card
Account Number: _____ - _____ - _____ Exp Date: ___/___/___ 3 Digit Security Code on back of card: _____

Card Billing Street Number Only: _____ Zip Code: _____

Signature: _____ Date: _____

Required for registration

PLEASE CONTACT CAMP OFFICE IF A CONFIRMATION IS NOT RECEIVED WITHIN 10 DAYS