

# 2009

## CAMP HIGHLANDS FOR BOYS Application for Enrollment

To enroll your son for the 2009 camping season,  
please send this completed form with a  
**\$500 refundable deposit** to:

Camp Highlands  
4146 Lawn Avenue  
Western Springs, IL 60558

Please indicate what term your son will attend.

- Three Weeks    June 21 – July 11    \$2700  
 Four Weeks    July 12 – August 8    \$3600  
 Seven Weeks    June 21 – August 8    \$5600

How did you hear about camp?

- Web site     Word of Mouth (by whom?)  
 Other

Child's Name:

\_\_\_\_\_ first \_\_\_\_\_ last

Mother's Name:

\_\_\_\_\_ first \_\_\_\_\_ last

Father's Name:

\_\_\_\_\_ first \_\_\_\_\_ last

Address:

\_\_\_\_\_ street

Home Telephone:

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

Mom's Cell:

Dad's Cell:

Parent's e-mail (required):

Child's Date of Birth:

Grade Completed by June '09:

Lives with:     Both Parents

Mother

Father

day

month

year