

2011 CAMP HIGHLANDS ENROLLMENT



Please indicate which term your son will attend.

- | | | |
|--------------------------------------|---------------------|--------|
| <input type="checkbox"/> Three Weeks | June 26 – July 16 | \$2775 |
| <input type="checkbox"/> Four Weeks | July 17 – August 13 | \$3700 |
| <input type="checkbox"/> Seven Weeks | June 26 – August 13 | \$5775 |

Child's Name: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Home Telephone: _____

Mom's Cell: _____

Dad's Cell: _____

Parent's e-mail (required): _____

Child's Date of Birth: _____

Grade Completed by June 2011: _____

Lives with: Both Parents Mother Father

How did you hear about camp? Website Word of mouth. By Whom? _____

Other _____

To enroll your son for the 2011 camping season, please send this completed form with a \$500 refundable deposit to:

Winter address:

Camp Highlands
4146 Lawn Ave.
Western Springs, IL 60558
1-800-868-3398

Summer address:

Camp Highlands
8450 Camp Highlands Rd.
Sayner, WI 54560
1-715-542-3443