

2010 CAMP HIGHLANDS ENROLLMENT



Please indicate which term your son will attend.

- | | | |
|--------------------------------------|--------------------|--------|
| <input type="checkbox"/> Three Weeks | June 20 – July 10 | \$2700 |
| <input type="checkbox"/> Four Weeks | July 11 – August 7 | \$3600 |
| <input type="checkbox"/> Seven Weeks | June 20 – August 7 | \$5600 |

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 2010: _____

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 2010 camping season, please send this completed form with a \$500 refundable deposit to:

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