



Adult Member Name:

Member #:

PRESTWICK VILLAGE CAMP 2009 ENROLLMENT FORM

136 INVERNESS, HIGHLAND, MICHIGAN 48357 ** (248) 887-1762. ** FAX (248) 889-3696

Your business tag line here.

PARENTS NAME: _____ PHONE: _____ CEL _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

#1 CAMPER NAME: _____ Age: _____ Date of Birth: _____

#2 CAMPER NAME: _____ Age: _____ Date of Birth: _____

#3 CAMPER NAME: _____ Age: _____ Date of Birth: _____

CAMP DATES ARE:

Camp #1: Tuesday, July 14 ~ Friday, July 17 _____ (X)

Camp #2: Tuesday, August 11 ~ Friday, August 14 _____ (X)

Camp #3: Tuesday, August 25 ~ Friday, August 28 _____ (X)

COST PER WEEK, PER CAMPER :

Members (Children and Grandchildren) \$175 per week

Sponsored Non-Member Children \$200 per week

This form must be signed by a parent and turned in. This form will act as the authorization to treat a minor in case of accident or injury at camp. Please contact the Clubhouse Office with camper information changes, including change of address and important contact numbers.

PARENT SIGNATURE: _____ TODAY'S DATE: _____