

**SUMMER CAMP REGISTRATION**

**1. COMPLETE THIS FORM**

**2. MAIL FORM ALONG WITH A CHECK FOR \$100 PER WEEK TO:**

**WHITE PINES RANCH**

**3581 W. PINES RD.**

**OREGON, IL 61061**

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Boy or Girl (circle one) Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Email \_\_\_\_\_

Dates for camp:

1st Choice - Sunday, \_\_\_\_\_ to Saturday, \_\_\_\_\_

2nd Choice - Sunday, \_\_\_\_\_ to Saturday, \_\_\_\_\_

I have attended summer camp at White Pines Ranch for \_\_\_\_\_ years.

I would like to be in the same activity group with

\_\_\_\_\_  
\_\_\_\_\_

