

SUMMER CAMP REGISTRATION

Deposit is \$100 PER WEEK. Mail in registration form with a check or fax in registration using your Visa, Discover or Mastercard

3581 W. Pines Rd., Oregon, IL 61061 Fax 815-732-7924



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.

Where did you hear about us? _____

I would like to be in the same activity group with _____

Credit Card Information

VISA MASTERCARD DISCOVER

Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____ Security Code ____ (Required)
(3 digit code on the back of your card)

Cardholder's Name (PRINT) _____

Cardholder's Signature _____

(Cancellation must be made 30 days prior to date of arrival for refund)