

Camp Wayne

New York Office: 516-883-3067

Summer Office: 570-798-2511

Email: info@campwayne.com

FATHER-SON GET-AWAY PROGRAM RESERVATION FORM

Name _____ Phone (_____) _____

Name of Son(s) _____ Age* _____ Grade finished in June _____

_____ Age* _____ Grade finished in June _____

_____ Age* _____ Grade finished in June _____

*as of June

Email Address _____

Address _____

(Street)

(City/State)

(Zip)

I agree to pay \$150 for each Father and \$100 for each son attending the Camp Wayne for Boys Father-Son Program.

Please make checks payable to: Camp Wayne for Boys and **mail this form and check** to: 55 Channel Drive, Port Washington, NY 11050-2216.

Remarks _____

Signature

BAGGAGE: Please indicate how camper bags will be sent home:

_____ Bags home by car with Dad after Father-Son Program.

_____ By Camp Trucking. Clothes and items will be kept out for the weekend.

Please contact the following families for the Father-Son Program:

Name _____ Phone(_____) _____

Address _____

Name of Son(s) _____ Phone(_____) _____

Address _____

Name of Son(s) _____