



Glen Arden Family Camp

August 3-6

2012 Application

Name: _____ Title _____

Address: _____

City: _____ State: _____ Zip: _____ Age: _____

Phone: (H) _____ (W) _____ (M) _____

Email: _____

Name: _____ M/F Age and birth date _____

Name: _____ M/F Age and birth date _____

Name: _____ M/F Age and birth date _____

Name: _____ M/F Age and birth date _____

(Please include addresses, titles, emails and phone numbers if different from above)

Emergency Contact (Name & Phone): _____

Special dietary needs/allergies: _____

Other requests: _____

How did you learn about Camp Glen Arden? _____

\$300/person for first three _____

\$100 each additional family member _____

Total _____

\$200 deposit due with registration _____

Amount enclosed _____

Make checks payable to Camp Glen Arden

If paying by credit card:

___ American Express ___ Visa ___ Mastercard

Name on Card _____

Credit Card# _____ Exp. Date _____

I would like to recommend for Camp Glen Arden:

Name: _____ Age: _____

Parent's Names: _____ Phone: _____

Address: _____

E-mail: _____