



Camp Wewannago Commitment Form Summer 2024



Please complete one form per child

Child's Name: _____ Primary Phone #: _____

Parent/Guardian Name: _____ Primary Phone #: _____

Parent/Guardian Name: _____ Primary Phone #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Please circle your choice of days that your child will be attending

Camp Wewannago

THIS IS A SET SCHEDULE. NO VARIATION.

Monday Tuesday Wednesday Thursday Friday

Please circle your choice of days that your child will be attending

Before Camp Care

THIS IS A SET SCHEDULE. NO VARIATION.

Monday Tuesday Wednesday Thursday Friday

Please circle your choice of days that your child will be attending

After Camp Care

THIS IS A SET SCHEDULE. NO VARIATION.

Monday Tuesday Wednesday Thursday Friday

Your account will be charged each Wednesday for the following week.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY:

Date Entered: _____ Entered By: _____