

Jensen Woods Camp Pre-Registration

Name _____

Grade entering on Sept. 2019 _____ Male or Female _____

Address _____

City, State, Zip _____

Parent/Guardian _____

Phone number _____ 2nd number _____

Email address _____

Camp Program & week choice 1 _____

Camp Program & week choice 2 _____

Email to jensensummercamp@gmail.com or Mail to:

Jensen Camp Foundation

Box 131

Camp Point, IL 62320

Phone: 217-773-2491

A \$50 non-refundable deposit is due upon completion of this form. After we receive it, a complete camp registration will be mailed or emailed to you. The 2 page camp registration is to be returned with the balance of your payment. We will also send a list of what your child needs to bring to camp.

Questions _____
