



# Camp Lachlan

Application Form  
please print

Please enroll for the 20\_\_\_\_\_season:

camper's full name \_\_\_\_\_

called name \_\_\_\_\_

address \_\_\_\_\_

phone (\_\_\_\_) \_\_\_\_\_

camper's e-mail \_\_\_\_\_

age during camp: \_\_\_\_\_ date of birth \_\_\_\_\_

school \_\_\_\_\_ grade prior to camp \_\_\_\_\_

interests, hobbies, etc. \_\_\_\_\_

remarks, comments, requests, etc. \_\_\_\_\_

t-shirt size: (circle one size)

Youth: Med Lg

Adult: Small Med Lg X-Lg

**For New Campers:** Who interested you in Camp Lachlan? \_\_\_\_\_

**Parent information**  Mr. & Mrs.  Dr. and Mrs.  Mr.  Mrs.  \_\_\_\_\_  
other

parent name \_\_\_\_\_ called name(s) \_\_\_\_\_

additional phones (work) \_\_\_\_\_ (cell) \_\_\_\_\_ (other) \_\_\_\_\_

Parent e-mail \_\_\_\_\_

**Payment options:** Enclosed is the registration fee of \$ \_\_\_\_\_ check # \_\_\_\_\_

Balance due \$ \_\_\_\_\_

**Please charge to:**

Visa or Mastercard \_\_\_\_\_ expiration date \_\_\_\_\_ security code \_\_\_\_\_

**Is billing address the same as the address above?** Yes No

if "NO" please provide address: \_\_\_\_\_

**Registration fee will be charged upon receipt. Balance will be charged the week before the camp session begins. (Of course, every care will be taken to protect your information.)**

**PARENT(S) SIGNATURE** \_\_\_\_\_

Return to: Camp Lachlan 946 Walkers Creek Road Rockbridge Baths, VA 24473