



Camp Maxwelton

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 _____

t-shirt size: (circle one size)

Youth: Med Lg

Adult: Small Med Lg X-Lg

school _____ grade prior to camp _____

interests, hobbies, etc. _____

remarks, comments, requests, etc. _____

For New Campers: Who interested you in Camp Maxwelton? _____

Parent information () Mr. & Mrs. () Dr. and Mrs. () Mr. () Ms. () _____
other

parent name _____ called name(s) _____

additional phones (work) _____ (cell) _____ (other) _____

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 Maxwelton 946 Walkers Creek Road Rockbridge Baths, VA 24473