

## Jensen Woods Camp Pre-Registration

Name \_\_\_\_\_

Grade entering in the fall \_\_\_\_\_ Male or Female \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone Number \_\_\_\_\_ 2<sup>nd</sup> number \_\_\_\_\_

Email Address \_\_\_\_\_

Camp Program & Week Choice 1 \_\_\_\_\_

Camp Program & Week Choice 2 \_\_\_\_\_

Email to: [jensensummercamp@gmail.com](mailto:jensensummercamp@gmail.com) or mail to:

Jensen Camp Foundation

PO 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 form 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: \_\_\_\_\_

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