



5200 Old Mill Road 260-456-0400

Camper's Name	M	_ F	Birthdate:		_ Age at Camp:
Address:	City _		Stat	te:	_Zip Code
Parent's Contact Information:					
lame Phone (Cell #)			Work		
Name Phone (Cell #)			Work		
Parents' e-mails:					
CAMP JOE SHIRT INCLUDED!! Mark the size below:					
CHILD: XS S M L	ADULT: S		VI L XI		Enter Totals Below
WEEK #1: JUNE 23 -27 Camp Day: 9AM – 4PM Check Days Needed • • AM Care 23 rd 24 th 25 th • PM Care 23 rd 24 th 25 th	26 th 2 26 th ****		\$7.50/day	eek _ 	
WEEK #2: JUNE 30 – JULY 4Camp Day: 9ANCheck Days Needed AM Care 30^{th} 1^{st} 2^{nd} • PM Care 30^{th} 1^{st} 2^{nd} 2^{nd} • PM Care 30^{th} 1^{st} 2^{nd} 30^{th} 30^{th} 30^{th} • PM Care 30^{th} 30^{th} 1^{st} 2^{nd} 30^{th} 30^{th} 30^{th} • PM Care 30^{th} 30^{th} 30^{th} 30^{th} 30^{th} 30^{th} 30^{th} • PM Care 30^{th} 30^{th} 30^{th} 30^{th} 30^{th} 30^{th} 30^{th} • PM Care 30^{th} 30^{th} 30^{th} 30^{th} 30^{th} 30^{th} • PM Care 30^{th} 30^{th} 30^{th} 30^{th} 30^{th} 30^{th} • PM Care 30^{th} 30^{th} 30^{th} 30^{th} 30^{th} • PM Care 30^{th} 30^{th} 30^{th} 30^{th}	_3 rd 4 th		\$5.00/day \$7.50/day	eek	
WEEK #3: JULY 7 - 11 Camp Day: 9AM – 4PM Check Days Needed • • AM Care 7 th 8 th 9 th 1 • PM Care 7 th 8 th 9 th 1 • PM Care 7 th 8 th 9 th 1 • PM Care 7 th 8 th 9 th 1 • PM Care 7 th 8 th 9 th 1 • PM Care 7 th 8 th 9 th 1 • PM Care 7 th 8 th 9 th 1	10 th 11 th		\$7.50/day	ek	
OPTIONAL 5 x 7 Camp Picture (\$3.00): Sibling Discount (Max per family: -\$20.00):					
EARLY Registration Discount (Register by Friday, Feb 28 th to redeem the \$20 off per week coupon):					
BALANCE to be paid by Friday, May 23 rd (Check or pay online):					
Now Available – pay online – <u>www.fwjf.org</u>					
Click DONATE -> Camp Joe and enter amount. Note there is a fee, so please choose to add this fee if using this service. Please Note: We want all children to have the opportunity to attend camp. Limited assistance is available.					

I am interested in assistance for my child(ren): _____ Yes _____No