

2019 CAMP SERTOMA RESERVATION FORM

PLEASE RETURN NO LATER THAN February 1, 2019

Name of Camp Representative (Sertoman) _____

Address _____

City _____ Zip Code _____

E-Mail Address _____

Cell Phone (_____) _____ Work Phone (_____) _____

Club Name _____ District _____

Signature _____ Date _____

Name of Club President _____

Cell Phone (_____) _____ Work Phone (_____) _____

We wish to make the following reservations for campers at Camp Sertoma for the 2019 season:

Speech/Hearing Impaired _____ # Economically Disadvantaged _____

We understand that it will be our club's responsibility to:

1. Locate the campers *and* back-ups for campers who may cancel.
2. Provide completed health form (physical performed within 12 months of ATTENDING camp).
3. Secure articles of clothing necessary for camp.
4. Provide transportation to and from the camp.
5. Provide the camp fees of **\$500** per camper. Check payable to Camp Sertoma.

ONCE RESERVATIONS ARE RECEIVED BY CAMP SERTOMA, THE CLUB IS RESPONSIBLE FOR PAYMENT WHETHER CAMPERS ATTEND OR NOT.

Please return this form and payment to:
**Camp Sertoma
603 Westchester Drive
Anderson, SC 29621**

Dale Treash (864) 617-1831

email: campdoc240@yahoo.com