



Camp Howe
P.O. Box 326
Goshen, MA 01032
office@camphowe.com
www.camphowe.com
413-268-7635

Parents / Guardians

Please fill out the following sections below:

Camper's Name _____

Cabin Number _____

Counselor _____

I do not wish to deposit money into an account for my child.

At the Camp Store

Enter Amount Here >>

Please indicate the amount of money you wish to leave at the Camp Store for your child. Any unused balance will be refunded at the end of the session.

Group Picture at \$8.00 YES NO Enter Amount Here >>

A cabin picture is taken at the beginning of each session. Indicate above if you want to order a picture for your child. If YES, the cost is \$8.00

Enter Total Amount Here.>>>>>

At the end of session I would like to donate any balance in this account to the Camp Howe Campership Fund YES NO

Parent/Guardian's Signature _____ Date _____