



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 >>

My child will be attending the following sessions
Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7

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.

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

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

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7

A cabin picture is taken at the beginning of each session. If your child is attending for a two week session or multiply weeks during the summer, please indicate above which weeks you would like a cabin photo of. The cost is \$8.00 each

Paying with Cash/ Check/ Other Enter Total Amount Here.>>>>>

Parent/Guardian's Signature _____ Date _____