



P.O. Box 3191, Tequesta, FL 33469
 Ph: 561-748-5185 Fax: 561-658-0208
 www.campbaggage.com info@campbaggage.com

2010 Enrollment Form for Chipinaw @ Silver Lake

Customer Information *(Limit of one camper per form please.)*

Camper's Name:		<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Parent / Guardian:		
Street Address:		Apt #:
City:	State:	Zip:
Home Ph: ()	Cell Ph: ()	
E-Mail Address:		

Directions to Your Residence

If your address is not found by computer mapping software, for example MapQuest, please provide directions from the nearest main road or cross street. (For detailed directions, please use the back of this form).

We are located on _____ between _____ and _____

Special Arrangements at Your Home

If nobody is home, **pick up** bags from: Front Porch Back Porch Garage Doorman Other _____

If nobody is home, **return** bags to the: Front Porch Back Porch Garage Doorman Other _____

Service Options *(Price includes 2 pieces of baggage)*

<input type="checkbox"/> Round Trip (Full Session)	\$155
<input type="checkbox"/> One Way To Camp (June)	\$104
<input type="checkbox"/> One Way From Camp (August)	\$104
<input type="checkbox"/> Round Trip (First Session)*	\$130
<input type="checkbox"/> One Way From Camp (July 22nd)*	\$79
<input type="checkbox"/> Round Trip (Second Session)	\$155
<input type="checkbox"/> One Way To Camp (Second Session)	\$104

* Baggage service home from camp on July 22nd is **not** door to door. Baggage trucks will drop off at the **camp bus stop locations** on July 22nd.

Additional Pieces

	Round Trip	One Way
Each Additional Duffel Bag	\$75	\$40
Each Sleeping Bag / Roller Blades / Hockey Stick / Tennis Racquet etc	\$35	\$20

Inventory

Pieces: 1 2 3 4 5

Please check total number of items

(Sleeping Bags / Tennis Racquets / Hockey Sticks etc not packed inside another bag are considered separate items, and will be charged accordingly).

Calculate your total

Service Option Price:	\$ _____
Additional Piece(s):	\$ _____
Sibling Discount \$10 <small>(Applies to every child at the same address)</small>	\$ _____
Late Fee \$25 <small>(Applies after May 15th for service To Camp in June)</small>	\$ _____
Total Due:	\$ _____

Method of Payment

Check or money order enclosed. Please make checks payable to Camp Baggage

Credit Card *(Circle One)* Mastercard / Visa Card # _____

Signature: _____ Expiration Date: ___ / ___

Please return this form with payment prior to May 15th