



P.O. Box 3191, Tequesta, FL 33469
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Walden 2012 Enrollment Form

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 you know your address is **NOT** found by computer mapping programs, 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 off of _____ 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

- Round Trip
- One Way to Camp (June)
- One Way from Camp (August)

Inventory

Pieces: 1 2 3 4 5

Please check total number of items being shipped

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

Service Pricing (Price includes 2 pieces of baggage)

	Round Trip	One Way
Massachusetts / Rhode Island	\$170	\$110
Connecticut / New York	\$175	\$115
New Jersey / Pennsylvania	\$180	\$120
Maryland / Washington D.C.	\$185	\$125
Florida	\$210	\$140
Each Additional Duffel Bag	\$80	\$40
Sleeping Bag / Roller Blades / Hockey Stick Tennis Racquet / Lacrosse Stick etc	\$35	\$20

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

Please return this form with payment prior to May 15th

<input type="checkbox"/>	Check or money order enclosed. Please make checks payable to: Camp Baggage FLA LLC.
<input type="checkbox"/>	Credit Card (Circle One) Mastercard / Visa Card # _____
Signature: _____	Expiration Date: ____ / ____ Security Code (CVV): _____