



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

Walden 2019 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 <i>(Required)</i> :		

Directions to Your Residence

If you know your address is not found by GPS mapping software, 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 (Full Summer)

One Way to Camp (June)

One Way From Camp (August)

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 additional items, and will be charged accordingly).

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

	Round Trip	One Way
Massachusetts / Rhode Island	\$215	\$125
Connecticut / New York	\$220	\$130
New Jersey / Pennsylvania	\$225	\$135
Ohio / Maryland / Wash DC	\$230	\$140
Florida / Chicago	\$250	\$150
Each Additional Duffel Bag	\$100	\$50
<small>Sleeping Bag / Roller Blades / Hockey Stick Tennis Racquet / Lacrosse Stick etc</small>	\$50	\$25

Calculate your total

Service Option Price:	\$ _____
Additional Piece(s):	\$ _____
Sibling Discount \$10 <small>(Applies to every child at the same address)</small>	\$ _____
*Optional Insurance \$20 per child	\$ _____
Late Fee \$25 <small>(Applies after May 15th for service To Camp in June)</small>	\$ _____
Total Due:	\$ _____

* Included in your service fee is insurance of \$200 per bag. Coverage of up to \$1000 per bag is available for an additional \$20 per child. Coverage is for the loss of an entire piece of baggage due to fire or theft only.

Method of Payment

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

Credit Card (Circle One) MC / Visa Card # _____

Signature: _____ Expiration Date: ____ / ____ Security Code: _____