

**O.U.R. Camp, Inc.  
2017 Registration Form**

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Parent's Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child's School and Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Is your child receiving Special Education Services? \_\_\_\_\_

Describe service and/or diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many camp sessions is your child attending? \_\_\_\_\_

- June 26 - July 14 (July 3&4 make up- Friday, July 7&14) (3 weeks) Cost: \$550  
 July 17 - August 3 (3 weeks) Cost: \$550  
 August 7 - 17 (2 weeks) Cost: \$370

Please contact me regarding a sibling camper:

Sibling's name: \_\_\_\_\_ Age: \_\_\_\_\_

A \$25 non-refundable application fee is required with each application. Please indicate the preferred session(s) above by checking the box(es), and mail this form with your **\$25 non-refundable registration fee or payment in full** to:

O.U.R. Camp, Inc.  
P.O. Box 6059  
Plymouth, MI 48170

Make checks payable to O.U.R. Camp, Inc.

Deadline for full payment is two weeks prior to the beginning of the camp session.