

PINE FOREST 2002 INVOICE

Please Return With Payment by **MARCH 31ST** To:
Camp Office, 151 Washington Lane, Jenkintown PA 19046
Forms cannot be processed without payment.

I am returning the following forms with my payment:

☐ Medical Form - with authorization and photo

☐ Insurance Form – Include FRONT AND BACK copies of health insurance & prescription cards.

☐ Confidential Form

☐ Transportation Form

☐ Optional Activities Form

All these forms can be found online at: www.pineforestcamp.com

OPTIONAL FEES FOR ACTIVITIES during CAMP

Insurance: *Include FRONT AND BACK copies of health insurance & prescription cards.*

Medical \$100 \$_____

Personal Property \$ 80 \$_____

Cancellation \$180 \$_____

Activities:

Horseback Riding \$510 \$_____

Trips

Cooperstown, NY (7th & 8th Graders, July 24-25) \$295 \$_____

Cleveland, OH (9th, 10th & 11th Graders, July 23-25) \$395 \$_____

Superstar Tennis \$580 \$_____

Superstar Golf \$510 \$_____

Tutoring (Please send materials) \$20.00 per hour \$_____

Reading_____ Math_____ Bar/Bat Mitzvah_____

OPTIONAL FEES FOR ACTIVITIES after CAMP

Top Ranch Riding Camp: (Girls only-August 15-19) \$550 \$_____

Adventure Quest: (August 15-18) \$450 \$_____

TOTAL PAYMENT DUE \$_____

☐ I have enclosed a check

☐ Please charge my:

Visa_____Mastercard_____ 2.5 % surcharge added to credit card payments.

Card Number_____ Exp. Date_____

Camper Name_____

Signature of Parent_____ Date_____

Thank you....See you at camp!