



2016 CAMP DAYS Registration Form

July 14 – 15, 2016

Camp Name: _____

Camp Address: _____

Phone: _____ Fax: _____

Camp Email: _____

Camp Director: _____

Contact Person: _____ Cell Phone: _____

Please indicate the date you wish to attend:
 _____ Thursday July 14, 2016 – (all ages)
 _____ Friday July 15, 2016 – (all ages)

Number of tickets ordered @ \$12 per person
 _____ # of children (campers)
 _____ # of adults (camp counselors, chaperones)
 _____ Total # of tickets ordered @ \$12 per person = \$ _____

A non-refundable deposit of \$200 is required at the time reservations are made.

Method of Payment for deposit:
 _____ Check enclosed
 _____ Purchase Order # _____
 _____ VISA
 _____ Master Card

If using Credit Card: Card #: _____ CSV#: _____

Exp. Date: _____

Name and billing address (if different from above): _____

PAYMENTS may be mailed to: **FREEDOM FEST STATE FAIR 2016, P.O. Box 84 Allentown, NJ 08501**

Email registration forms to: freedomfestst.fair@gmail.com

For **QUESTIONS** Contact: Patty Titen 609-610-0910 or freedomfestst.fair@gmail.com

A final head count and payment in full is required at least 14 days before attending. If you are using a purchase order or credit card, please call with the number. Cash may be used to pay for additional campers on the day of attendance.