



2017 CAMP DAYS Registration Form

July 13 – 14, 2017

Camp Name: _____

Camp Address: _____

Phone: _____ Fax: _____

Camp Email: _____

Camp Director: _____

Contact Person: _____ Cell Phone: _____

Please indicate the date you wish to attend:
 _____ Thursday July 13, 2017 – (all ages)
 _____ Friday July 14, 2017 – (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 \$250 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 2017, P.O. Box 84 Allentown, NJ 08501**

Fax Registration Forms to (609) 228-6649, Attn: 2017 Freedom Fest State Fair Camp Days
 For **QUESTIONS** Contact: Patty Titen 609-610-0910 or pmdba@comcast.net

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.