



Mail to: Harbor Humane Society, Attn: Sarah Shea

14345 Bagley St, West Olive, MI 49460

Fax to: 616.399.0374 Attn: Sarah Shea

Email to: [programs@harborhumane.org](mailto:programs@harborhumane.org)

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

Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Camper's T-Shirt Size: Child ( S M L ) Adult ( S M L XL )

Parent/Guardian Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Emergency contact (if you are not available): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name(s) of those authorized to sign IN camper: \_\_\_\_\_

Name(s) of those authorized to sign OUT camper: \_\_\_\_\_

Medical Considerations (allergies, physical or behavior limitations, etc.): \_\_\_\_\_

How did you learn about HHS spring camp programs?: \_\_\_\_\_

**Deadline of sign up is March 22nd, 2018.**

**Total Amount Enclosed:** \_\_\_\_\_ (\$60 for 3 half day session. \$10 off per additional sibling)

\_\_\_ Check enclosed

Visa \_\_\_ Mastercard \_\_\_ Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that my fee for the camp will only be refunded if I cancel a full two weeks before the start of camp less a \$10 processing fee.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**For more information, please contact Sarah Shea at 616.399.2119 or  
[programs@harborhumane.org](mailto:programs@harborhumane.org)**