



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

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 for sign up is March 22nd, 2018.

Total Amount Enclosed: _____ (\$65 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**