

Summer Day Camp Reservation Form

Week Selected: _____

Contact Person: _____

Address: _____

Phone #: _____

Fax#: _____

Email address: _____

of Children _____

How do you wish to pay for your Summer Day Camp

Checks payable to: Pine View Farm

Cash/Money Order _____ Organization Check _____ Credit Card _____

----- Visa/MC/Discover

Expiration Date: __/__/__ CVVS: _____ (back of card)

Amount: _____

Print name on card: _____

Signature: _____

Please mail or fax completed form with payment to:

Pine View Farm Summer Day Camp

874 Plunkert Road

Littlestown, PA 17340

717-359-0070 - Farm #

717-359-8004 - Fax #

*It is very important to list for us any known allergies, reactions, medicine or special needs your child/children may have. Please list Emergency Contact information here as well.