



2010 Registration
THE NORTH COUNTRY CAMPS
LINCOLN and WHIPPOORWILL

Date _____

Name of Camper(s) _____

Parent or Guardian _____

Address _____

Home Phone Numbers _____

Cell Phone Numbers _____

Email Address _____

Date of Birth _____ Present School Grade _____

School Attended _____

Please enroll the above-named in The North Country Camps for (Check one):

Full Season (June 27-August 17) _____

First Short Session (to July 31) _____ with Option to Stay (to August 17) _____

Second Short Session (July 11-August 17) _____

Enclosed is first payment of \$250. Check payable to North Country Camps, Inc.

Signature of Parent or Guardian

Second Parent or Guardian:

Name _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Please mail this registration to: NORTH COUNTRY CAMPS
PO Box 1246
Middletown Springs, VT 05757