

**Winter Office**  
 125 N. Burnt Mill Rd  
 Suite 200  
 Cherry Hill, NJ 08003  
 p. 856-428-6256  
 f. 856-428-6289



**Summer Office**  
 740 Saginaw Rd  
 Oxford, PA 19363  
 p. 610-932-8467  
 f. 610-932-3313  
[askus@campsaginaw.com](mailto:askus@campsaginaw.com)  
[www.campsaginaw.com](http://www.campsaginaw.com)

## Optional Activity Invoice

Please mail or fax this form along with payment information to reserve your space.

I am returning the following forms along with payment:

- Medical Form (copy of insurance & credit card, parents' authorization & physician examination)
- Confidential Information Form
- Bunk Request Form
- Transportation Form
- Dirt Bike Release Form (6<sup>th</sup> through 11<sup>th</sup> graders only)

### Optional Services Offered by Camp

Camper Baggage Service Home to Camp (Metro)	\$50	\$
Camper Baggage Service Camp to Home (Metro)	\$50	\$

### Optional Activities Offered at Camp:

Horseback Riding		
▪ Full Season (ten 2-hour lessons)	\$570	\$
▪ 1 <sup>st</sup> Half (five 2-hour lessons)	\$290	\$
▪ 2 <sup>nd</sup> Half (five 2-hour lessons)	\$290	\$
Wyncote Golf		
▪ Full Season (six 4-hour lessons)	\$400	\$
▪ 1 <sup>st</sup> Half (three 4-hour lessons)	\$200	\$
▪ 2 <sup>nd</sup> Half (three 4-hour lessons)	\$200	\$
In-Camp Golf		
▪ Private (three 30 min. lessons/week)	_____ # of weeks x \$135	\$
▪ Semi-Private (three 30 min. lessons/week)	_____ # of weeks x \$110	\$
Tennis:		
▪ Private - 5 (five 30 min. lessons/week)	_____ # of weeks x \$185	\$
▪ Private - 3 (three 30 min. lessons/week)	_____ # of weeks x \$135	\$
▪ Semi-Private - 5 (five 30 min. lessons/week)	_____ # of weeks x \$110	\$
▪ Semi-Private - 3 (three 30 min. lessons/week)	_____ # of weeks x \$95	\$
Gymnastics		
▪ Private (three 30 min. lessons/week)	_____ # of weeks x \$135	\$
▪ Semi-Private (three 30 min. lessons/week)	_____ # of weeks x \$110	\$
Tutoring (please call the office)		
<b>Tuition Payment Enclosed (optional)</b>		\$

**Total Payment Due**

\$

**PLEASE PRINT CLEARLY**

<b>Camper's Name:</b>	<b>Session:</b> Full    First Second    1-2    5-6	<b>Payment Method:</b> Check Enclosed Please charge my: Visa    MasterCard
Name on CC:	Credit Card #:	Exp Date:
Signature of Parent:	Billing Address, City, State & Zip:	