

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
www.campsaginaw.com

Parent Itinerary Form

Camper's Name: _____ Parent's Name: _____

If there will be a change of address for the summer, please indicate this below with the appropriate dates. You may also send us an itinerary of your trip. Thank you.

Dates away from home address:

Departure Date: _____ Return Date: _____

Address and Phone Number where we can reach you while away:

(Street)

(City, State, Zip)

(____) _____

Dates away from home address:

Departure Date: _____ Return Date: _____

Address and Phone Number where we can reach you while away:

(Street)

(City, State, Zip)

(____) _____

Best way to contact you while you are away: _____
(i.e. Cell Phone xxx-xxx-xxxx)

Alternate Emergency Contact: _____