



### VISITOR'S SLEEPOVER RESERVATION FORM 2010

(please complete a separate form for more than one child and leave at the office before leaving)

**Friday, July 16th 2010**

I would like to make a reservation for \_\_\_\_\_ to remain overnight at camp with (print name of camper) \_\_\_\_\_.

I grant permission for my son/daughter to remain overnight at Baco/Che-Na-Wah with his/her older cousin/sister/brother (of the same sex) in Bunk # \_\_\_\_.

I can be reached at (print name of motel/inn) \_\_\_\_\_

Phone # \_\_\_\_\_ in case of emergency.

To the best of my knowledge, my child has not been exposed to any contagious illness and is free of any communicable disease.

I will be at camp at \_\_\_\_\_ (time) on \_\_\_\_\_ (date), to pick her/him up.

Parents' Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Visiting Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature: \_\_\_\_\_

Winter address 484 South Wood Rd; Rockville Centre NY 11570 Tel 516 867 3895 Fax: 516 868 3819  
Summer address 2723 State Route 28N Minerva NY 12851 Tel 518 251 2919 Fax: 518 251 3060

**Baco** info@campbaco.com www.campbaco.com  
**Che-Na-Wah** info@campchenawah.com www.campchenawah.com

*American Camp Association Accredited*