



2020  
CHIPPEWA  
FAMILY CAMP

Saturday, August 15 – Thursday, August 20

Adults (16+) \$600 • Young Adults (8-15) \$475 • Children (4-7) \$400 • Under 4 FREE  
A 25% deposit is due with enrollment. Balance due on 5/1/20

Last Name \_\_\_\_\_ Family Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**Please list names, birthdates and t-shirt sizes for all family members attending.**

First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ T-Shirt Size \_\_\_\_

First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ T-Shirt Size \_\_\_\_

First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ T-Shirt Size \_\_\_\_

First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ T-Shirt Size \_\_\_\_

First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ T-Shirt Size \_\_\_\_

First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ T-Shirt Size \_\_\_\_

Cabin Request Notes: \_\_\_\_\_

We will be paying by check (please send to the address below): \_\_\_\_\_

We will be paying by credit card (please fill out info below): \_\_\_\_\_

Name on Card \_\_\_\_\_ Amount to Charge \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_

\_\_\_\_\_

Please fax, email or mail this form with your deposit to secure your reservation.

cliff@chippewaranchcamp.com - Fax: 866-322-5220 - Phone: 866-209-9322  
Winter: 1402 Sheridan Road, Highland Park, IL 60035 - Summer: 8258 County O, Eagle River, WI 54521