

The Wilds Senior Class Trip

Select a year and a week.

Office use only

Pd \$ _____

Due \$ _____

2018

- April 2-6
- April 16-20
- April 23-27
- April 30-May 4
- May 7-11
- May 14-18

2019

- April 1-5
- April 15-19
- April 22-26
- April 29-May 3
- May 6-10
- May 13-17

Indicate how many will be attending the program.

Male Students _____ Female Students _____

Male Sponsors _____ Female Sponsors _____

Note: A male and female sponsor are required to stay with the students.

Deposit Information

\$20 deposit per person

\$240 is the 2018 total cost per student/\$140 total cost per sponsor

(Deposits are refundable if cancellations are received before
October 1 of that school year.)

To register, please fax this form with credit card information or
mail this form with a check or credit card information.

Please charge \$ _____ to my   

Card Number _____ Exp. Date _____

Print name as it
appears on card _____

3-digit CWV Number _____ Billing Zip Code _____

Signature _____

Complete the following information.

Contact Name _____

Administrator _____

School Name _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

(This e-mail address will be used to send you additional information regarding this camp.)

Phone () _____

Please sign in agreement to the policies and procedures listed in this brochure.

Signature: _____ Date: _____