

THE WILDS SENIOR CLASS TRIP

Select a year and a week.

Office use only

Pd \$ _____

Due \$ _____

2020

2021

March 30–April 3

April 5–9

April 6–10

April 19–23

April 20–24

April 26–30

April 27–May 1

May 3–7

May 4–8

May 10–14

May 11–15

May 17–21

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

\$245 is the 2020 total cost per student/\$145 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 CVV 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 _____

MAIL

PO Box 509, Taylors, SC 29687-0009

PHONE

(864) 331-3293

FAX

(864) 331-3294

E-MAIL

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