

1031 Erickson Road ● P.O. Box 185 Ashby, Massachusetts 01431-0185 Phone: (978) 386-7704 ● Fax: (978) 386-7046 www.campmiddlesex.com

Camp Store Deposit Form OVERNIGHT CAMPER

| Camper's Name: | | | | | | | | | |
|---|---|--------|--------|---|--------|--------|---------------------------|--|--|
| Cabin I | Number: | | | Week(s) Registered (circle) 1 2 3 4 5 6 7 | | | | | |
| ☐ At the Camp Store: The camp store at Camp Middlesex is open every day during recreational swim time, from 2:15-3:15. Campers may purchase snacks, drinks, or camp items at the store at this time. The prices of snacks and drinks range from 25 cents to \$1.25. We recommend about \$10/week. On the chart below, enter in how much you would like to add to the camp store for each week that you are registered for. Add up all the boxes, and enter the total amount in the box to the right. This is your spending money deposit. Enter Amount Here | | | | | | | | | |
| Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 | | | |
| | | | | | | | | | |
| Circle like you | Teen/Junior Camp Picture at \$6.00 Circle the week(s) you would like your picture of below: 1 2 3 4 5 6 7 | | | | | | | | |
| □ Ashby Band Concert Spending Money (Recommended \$5/week) On Wednesday night, campers walk to Ashby Common to watch the band concert. At the common there are snacks on sale for campers to purchase. We recommend that campers be provided with \$5 to purchase snacks. | | | | | | | Enter Amount Here>>>>> | | |
| Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 | | | | |
| □ Weekend Trip For campers staying over for a weekend session, please enter how much they can receive on Enter Amount Here>>>> | | | | | | | | | |
| the weekend trip(s). If registered for more than one trip, we will divide the amount evenly per trip. | | | | | | | | | |
| Total Deposit Add up all the boxes above and enter the total amount here. Enter Total Amount>>> | | | | | | | | | |
| □ I wish to donate any unused funds directly to (check one): □ Facility Fund □ Campership Fund □ Endowment | | | | | | | | | |

☐ Please REFUND any unused funds

Office Use Only Camp Store Breakdown

| Payments: | : |
|-----------|---|
|-----------|---|

Deposits per Week Received

| Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 |
|--------|--------|--------|--------|--------|--------|--------|
| | | | | | | |
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| Notes: | | | | |
|---|--|--|--|--|
| Food Allergies: | | | | |
| Special Requests: | | | | |
| | | | | |
| Refund or Donation: Camp Store Refund/Donation Amount | | | | |
| Refund/Donation Date | | | | |
| Refund Signature: | | | | |
| Refund received by | | | | |
| Date | | | | |
| (Parent/guardian signs if refund is over \$10) | | | | |