



Camp Oliver
P.O. Box 206
Descanso, CA. 91916

www.campoliver.com
registration@campoliver.com
office 619-445-5945 fax 619-445-3326

2010 Family Camp Application

First parent/guardian name _____ Last name _____

Second parent/guardian name _____ Last name _____

Main Mailing address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

CHILDREN:

First child's name _____ age _____

Second child's name _____ age _____

Third child's name _____ age _____

Fourth child's name _____ age _____

Additional Children _____

Family Camp 2010

Friday July 2nd to Wednesday July 7th, 2010

(Check in time is 2:00pm on Friday, Check out time is 2:00pm on Wednesday)

Adults \$60

First Child (Age 4-16) \$50

Each Additional Child \$40

Children Age 3 and Younger Free

Please enroll me in the Camp Oliver 2010 family Camp. I agree, by signing this application, to pay all applicable fees for the camp and its program before camp session begins.

Signature

Date