

Legal Guardian Signature: _____ **Date:** _____

Section 2: Camp Session Selection

Please select to confirm the camp session your child would like to attend:

Session 1: June 22nd -25th from 8:30am-12:00pm

Section 3: Payment

Due to limited capacity, spots will only be reserved upon payment

Option 1: Mail check, registration form, consent form, and emergency medical form to SpringHaven Counseling Center

Mailing Address: PO Box 265
Mt. Eaton, OH 44659

Address: 15550 Durstine Road
Dundee, OH 44624

Check Payable to: SpringHaven Counseling Center

Option 2: Credit Card

Mail registration form, consent form, and emergency medical form to SpringHaven Counseling Center

Name on Card:

Mastercard / Visa / Discover

Credit Card Number:

Expiration Date:

CVS:

Cardholder Signature: _____ **Date:** _____