



**Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Section 2: Camp Session Selection

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

Session 1: July 15<sup>th</sup> -17<sup>th</sup> from 9:00am-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:** \_\_\_\_\_