



Middlesex County Foundation, Inc.



4-H Camp Middlesex

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 Number: _____ Week(s) Registered (circle) 1 2 3 4 5 6 7 8

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	Week 8

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 8

Enter Amount Here>>>>>>>>

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	Week 8

Weekend Trip

For campers staying over for a weekend session, please enter how much they can receive on the weekend trip(s). If registered for more than one trip, we will divide the amount evenly per trip.

Enter Amount Here>>>>>

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	Week 8

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)