



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 DAY CAMPER

Camper's Name: _____

Group 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 \$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

Day 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, day campers may 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 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8

Ashby Band Concert Dinner at \$6 per week
circle week(s) 2 3 3 4 5 6 7 8 (No Band Concert week 1)

Friday Candlelight Dinner at \$6 per week
circle week(s) 1 2 3 3 4 5 6 7 8

Day campers have the option of staying for dinner on Wednesday or Friday nights For an additional \$6.

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)