



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

**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

**Day Camp Picture at \$6.00**

*Circle the week(s) you would like your picture of below:*

**1 2 3 4 5 6 7**

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

**Ashby Band Concert Dinner at \$6 per week**  
circle week(s) 2 3 3 4 5 6 7

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

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

**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)