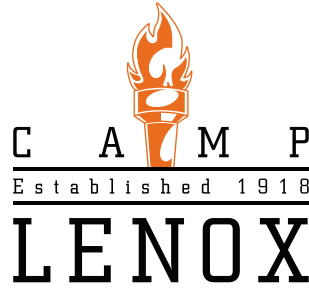


DIRECTORS
RICHARD MOSS
STEPHANIE MOSS
MONTY MOSS



A TRADITIONAL
SUMMER CAMP FOR
BOYS & GIRLS
AGES 7-16

CAMP LENOX VITAL INFORMATION

Camper Name: _____

PARENTS' VISITING DAY - SATURDAY JULY 17:

Number of people attending: _____

CAMPER ROUNDTrip TRANSPORTATION CONFIRMATION: Please check your child's mode of transportation. It is important to inform camp of any changes to these arrangements.

- Car LI Bus Westchester Bus NJ Bus
 Flying

Airline: _____

Flight number: _____

Departure time: _____

Arrival time: _____

LOYALTY & BOOSTER AWARDS:

Name: _____

This is my: _____ year at Lenox!

Name: _____

This is my: _____ year at Lenox!

Booster Awards are given to campers who refer a friend or family member who attends Lenox for 2010.

Name (of referral/relationship): _____

RSVP: If completed BEFORE MAY 15, please return to the Winter Address. AFTER MAY 15, return to the Summer Address listed below.

WINTER ADDRESS **CAMP LENOX PO. BOX 75-9900 CORAL SPRINGS, FL 33075 TEL 954-340-6634 FAX 954-340-8282**
SUMMER ADDRESS **CAMP LENOX 2042 N. MAIN ROAD LEE, MA 01238 TEL 413-243-2223 FAX 413-243-3446**



WWW.CAMPLNOX.COM

