



Camp Back Woods Application

Camper's Information:

Application Date: ____/____/____

Camper's Name: _____

Camper's Age: ____ Sex: ____

Date of Birth: ____/____/____

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: (____) ____-____

Work Phone: (____) ____-____

Email Address: _____

T-Shirt Size: Adult Small ____ Adult Medium ____ Adult Large ____ Adult X-Large ____ Adult XX-Large ____

Hunter's Education: Yes ____ No ____ (Must be 13 years of age or older)

Session Date: _____

Parent's Signature: _____

Payment Information:

____ Credit Card VISA MC AMEX #: _____

____ Check Expires: ____/____ Signature: _____

____ Cash

****A 50% non-refundable deposit is required for guarantee your child's reservation. Balance must be received 10 days prior to session date.**

Upon receipt of application and deposit, parents will receive a handbook that includes additional camp information, medical insurance forms, and a more detailed itinerary of each camper's day.

Applications may be mailed or faxed to: Back Woods Quail Club
647 Hemingway Lane
Georgetown, SC 29440

P- (843) 546-1466
F- (843) 546-6920
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