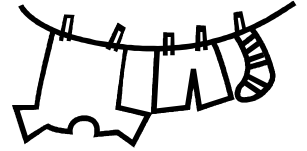




## REQUEST FOR LAUNDRY SERVICE



CAMPER NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Please provide laundry service for the weeks checked below:

END OF

\_\_\_\_\_ Week #1 (Friday, June 27)

\_\_\_\_\_ Week #2 (Friday, July 4)

\_\_\_\_\_ Week #3 (Friday, July 11)

\_\_\_\_\_ Week #4 (Friday, July 18)

\_\_\_\_\_ Week #5 (Friday, July 25)

\_\_\_\_\_ Week #6 (Friday, August 1)

\_\_\_\_\_ Week #7 (Friday, August 8)

Total Weeks: \_\_\_\_\_ x \$15.00/week = \$ \_\_\_\_\_

Enclosed is a check payable to: Campus Kids.

**Return this form and payment to our summer camp address:**

**Campus Kids-NJ  
P.O. Box 743  
Hackettstown, NJ 07840**

**908-850-5872  
Fax: 908-850-5726**