



## CAMP MI-TE-NA 2019 Care Package Order Form

## **DIRECTIONS**

Please complete one form per camper. Please (1) check the care package(s) you would like your camper to receive, (2) select the day that you would like the care packaged to be delivered, (3) select your choice for payment, and (4) email your completed form to camp at campmitena1913@qmail.com.

	Camper's Cabin					
2. SELECT A DELIVERY DATE						
One Week Campers	Two Week Camper					
☐ Wednesday	☐ 1 <sup>st</sup> Wednesday					
☐ Thursday	1st Thursday					
	2 <sup>nd</sup> Wednesday					
	2 <sup>nd</sup> Thursday					
4. POSTCARD ADDRE (optional: for cards to be						

## **6. PAYMENT INFORMATION**

Ц	Pay	wit	h ca	ırd i	n store:	I will	stop	at	the	store	during	the	check-ir	1
pr	ocess	to	pay	for	selected	care	pack	age	2(s)					

 $\hfill \Box$  Charge to store account: charge to my camper's store account, and I will pay the balance at check-out.