

**CAMP NESHAMINY
Summer Camp Sibling Form**

Discount FOR EACH ADDITIONAL CHILD

Please fill in all the items below:

First Camper's Name: _____

Last four of SS: _____ DOB: _____

Second Camper's Name: _____

Last four of SS: _____ DOB: _____

Third Camper's Name: _____

Last four of SS: _____ DOB: _____

Please check below the week(s) that sibling children will attend camp together:
(Siblings must be attending the same week(s) of camp to receive discount):

- Week 1 Week 2
 - Week 3 Week 4
 - Week 5 Week 6
 - Week 7 Week 8
 - Week 9 Week 10
-

I certify that the above listed children are siblings and reside in the same household.

Parent Signature: _____

Date: _____

CAMPER 1: _____

CAMPER 2: _____

CAMPER 3: _____