



Please fax to Sanford Camps 610-565-4764 or email to
info@sanfordcamps.com

CAMPERS NAME _____ AGE _____

LIST FOOD ALLERGIES _____

Price: \$35/week, you must purchase a full week. (No refunds)

Week Of:	6/19	6/26	7/3	7/10	7/17	7/24	7/31	8/7	8/14	8/21
Day Camp										
Sports/Specialty Camps										

** Please select lunch choice # for each day of week.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

<p>1. PIZZA _____</p> <p>2. HOT DOG _____</p> <p>3. CHEESEBURGER _____</p> <p>4. MEATBALL SUB _____</p> <p>5. CHICKEN CHEESESTEAK _____</p>	<p>6. TUNA SALAD OVER GREENS _____</p> <p>7. TURKEY SUB _____</p> <p>8. GREEK SALAD _____</p> <p>9. CHICKEN TENDERS _____</p> <p>10. CHICKEN CAESAR SALAD _____</p>
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