



"The South's Grand Old Camp"
Since 1928

SUMMER ADDRESS

Lookout Mountain Camp
277 County Road 632
Mentone, AL 35984

Camp Office: 256.634.4758

OFF-SEASON ADDRESS

1465 Eleonore Street
New Orleans, LA 70115

Woody's Cell: 504.289.8248

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**EXECUTIVE
CAMP STAFF**

Woody Morrison

*Camp Director & Owner
Fourth Generation LMC*

Helen Morrison

Associate Director & Owner

Rob Maples

Outdoor Director

Bailey Morrison

Assistant Program Director

.....

LookoutMountainCamp.com
LookoutMountainCamp@gmail.com

PARENT PACKAGE

DEAR CAMPER PARENTS,

We are thrilled you and your son have chosen Lookout Mountain Camp for Boys! We know this will be a fun-filled summer for your son, and we look forward to welcoming him to his home away from home in Mentone, Alabama.

This package contains valuable information, guidelines, and a few forms that we require for certain sessions. The information that follows is important and should answer many questions you may have. **Please read all of this carefully.** If you have any other questions, please do not hesitate to email or call us.

2025 CAMP DATES

Father-Son Session (3 Days)

Opening Day: Wednesday, June 11, 2025 at 2:00 p.m. CST

Closing Day: Saturday, June 14, 2025 at 10:00 a.m. CST

2-Week Session

Opening Day: Sunday, June 15, 2025 at 11:00 a.m. CST

Closing Day: Friday, June 27, 2025 at 10:00 a.m. CST

4-Week Session

Opening Day: Sunday, June 29, 2025 at 11:00 a.m. CST

Closing Day: Saturday, July 26, 2025 at 10:00 a.m. CST

6-Week Session

Opening Day: Sunday, June 15, 2025 at 11:00 a.m. CST

Closing Day: Saturday, July 26, 2025 at 10:00 a.m. CST

*Note: Please observe the arrival and departure times and dates to ensure your son has a smooth transition. Both arrival and departure are filled with apprehension and excitement. **For those arriving east of camp, please remember that camp is on Central Standard Time.***

PACKING LIST

We recommend a large duffel bag for packing. Duffel bags are preferred over foot lockers. Trunks are not allowed at camp.

Father-Son Session

This is a per-person list.

- 3 T-Shirts*
- 3 Shorts*
- 1 Long Pant / Jeans
- 1 Sweater, Jacket, or Sweatshirt*
- 1 Raincoat
- 1 Swim Suit
- 4 Underwear
- 2 Sets of Socks
- 1 Pair of Tennis Shoes *(preferred over sandals)*
- 1 Set of Pajamas
- 1 Bathrobe
- Toiletries*
- 2 Bath Towels
- 2 Washcloths
- 1 Pillow
- 1 Pillow Case
- 1 Set of Twin Sheets
- 1 Blanket / Comforter
- 1 Flashlight*
- Bug Spray*
- Sun Screen*
- Tennis Racket**
- Baseball Glove**
- Musical Instrument *(if you play)*
- Stationery and Stamps*

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 * Available for purchase at LMC Store

** May borrow LMC equipment or bring your own if preferred

2-6 Week Sessions

This list is for a 2 week session. If staying longer than 2 weeks, please use best judgment to pack accordingly.

- 12 T-Shirts*
- 10 Shorts*
- 4 Long Pants / Jeans
- 1 Belt
- 2 Sweaters, Jackets, or Sweatshirts*
- 1 Raincoat
- 2 Swim Suits
- 15 Underwear
- 15 Sets of Socks
- 2 Pair of Tennis Shoes *(preferred over sandals)*
- 1 Pair of Water Shoes
- 8 Sets of Pajamas
- 1 Bathrobe
- Toiletries*
- 8 Bath Towels
- 8 Washcloths
- 1 Pillow
- 2 Pillow Cases
- 2 Sets of Twin Sheets
- 2 Blanket / Comforters
- 1 Sleeping Bag
- 2 Laundry Bags*
- 1 Flashlight*
- Bug Spray*
- Sun Screen*
- Tennis Racket**
- Baseball Glove**
- Musical Instrument *(if you play)*
- Stationery and Stamps*

CLOTHING WE REQUIRE *(not required for Father-Son Campers)*

On Sunday evenings all campers wear white LMC t-shirts and white LMC shorts. They also wear these for our camp photo and during trips. White LMC t-shirts and shorts may be purchased at the LMC store upon your arrival. Although there are two LMC teams, GREENS and WHITES, there are no “team” clothing requirements. All that is required are the white LMC shirt and shorts. Additional LMC items are available and may be purchased at the camp store.

LABELING

It is very important to label everything. All articles must be marked with name tags or sharpie, or there’s a good chance you may never see it again! For 4-6 week campers, no article will be sent to the laundry unless it is plainly marked. Every effort will be made to identify and return lost articles prior to departure; however, we are not responsible for lost items. If you discover you have lost something, please let us know as soon as possible as we do maintain a lost and found. If we find the item, it will be shipped home at your expense, so please make every effort to search for lost items prior to departure. Articles unable to be identified will be donated to charity or otherwise disposed of two weeks after camp has closed.

LAUNDRY

Father-Son and 2 week campers will not have laundry sent out. 4-6 week campers will have laundry sent every two weeks. The cost for one bundle is \$28. This includes pick-up and delivery on top of the mountain. This fee will be included in the final accounting (LMC Account) which is detailed further on pages 3 and 5.

OPTIONAL TRIPS & ACTIVITIES

The camp suggests that, generally, a maximum of two field trips per session is adequate. All are weather and other conditions permitting. If your son is attending the 6-Week Session, please indicate on the enclosed “Field Trip” form (page seven) whether he will participate in an activity when repeated. **Trips and additional activities do not apply to Father-Son Session.**

| TRIP | COST | SESSION | DATES |
|--|------------------|------------------------|---------------------|
| Senior Ranger Trip (ages 14+) | \$3,995 | Pre-Camp | June 1 - 14 |
| Tellico Fly Fishing Trip (All campers going on the fly fishing trip must provide a SS# for their fishing license on the field trip form.) | \$465 | 4 & 6 Weeks | July 11 - 13 |
| Smoky Mountain Ranger Trip (Available to campers age 12+ only. Due to the nature of the Smoky Mountain Ranger Trip, payment must be sent within a week of sign-up and is NOT refundable. We are bound by the regulations of the National Park Service and Mt. LeConte Lodge.) | \$595 | 4 & 6 Weeks | July 15 - 18 |
| Nantahala White Water Trip (raft or rubber kayak) | \$290 | All Regular | TBD |
| Ocoee White Water Rafting Trip (ages 12+) | \$290 | All Regular | TBD |
| Overnight at Little River Canyon (or similar local area; ages 12+) | No Charge | All Regular | TBD |

CONTRABAND

Please do not send boxes of food or “food packages” to camp. Lookout Mountain Camp does not allow packages containing food, and they will not be delivered if sent. You may, however, order a package of approved items through the camp if you wish (see Camper Gift Packages on page 6). Magazines and letters are encouraged. If you need to send your son an item, please let us know of the contents or call ahead. All packages, boxes, etc. must be opened for inspection and all inappropriate contents (food, water balloons, etc.) will be confiscated and will not be delivered.

The following items should **not** be brought to camp:

- Money
- Shaving cream
- Jewelry and watches
- Electronic games, cell phones* (unless flying in), iPods, etc.
- Music with violent or vulgar language
- Rollerblades and skateboards
- Matches and lighters
- Sling shots, knives, paintball guns, swords, baseball bats with nails in them, ...etc.

***Cell phone use is not allowed during camp sessions.**

MONEY & PAYMENTS

Your son does not need any money during his stay at LMC. We request that all cash be turned into the Camp Office upon arrival to be put in our safe. If your son does arrive with cash, he may go to the camp office and draw out against that balance for field trips only. Any balance that is left at the end of camp will be returned to him prior to his departure for home.

An LMC Account for your son will be established and maintained during his stay at camp. Please see page five to fill out the “LMC Account” form. We suggest you deposit the following amount into your son’s account:

Father-Son Session: \$50

2-Week Session: \$185

4-Week Session: \$245

6-Week Session: \$275

These funds will be kept for him to draw against and will be used for items purchased on field trips, laundry, camp wear, toiletries, camp photos, and other items available in the LMC store. Please advise us (on the “LMC Account” form) as to whether or not your son may charge over the deposited amount.

Please note: All session cancellations after May 1st result in 100% forfeiture of camp fee.

TRANSPORTATION

Transportation and arrangements to and from camp are the responsibility of the parent. We do, however, offer shuttle service (see below) for all regular camp session campers electing to arrive into the Atlanta airport. **We will not be providing airport transportation for Father-Son session.**

Airport Shuttle Transportation

We cannot provide airport transportation service to any location other than the Hartsfield-Jackson Atlanta International Airport, and shuttle service is only available on the opening and closing session dates listed on the first page. **Please select a flight that arrives / departs after 12:00 p.m.** There will be a shuttle reservation fee of \$285 one way and \$395 round trip for this service to the Atlanta airport. For those of you who wish to fly into camp and want to make shuttle reservations, you MUST complete and return to us the transportation form included in this packet indicating your son's flight arrangements & request for shuttle reservation. If we do not have this form, we cannot offer shuttle service for your child.

Very Important: We want your son to arrive safely as much as you. Any additional travel information should be emailed to LookoutMountainCamp@gmail.com (not called into camp). We ask all campers to turn in their airline tickets upon arrival. It would help us if you would remind your son to do this.

Transportation Provided by Parents:

- Please observe the opening and closing times as the camp gates will be closed prior to those times.
- If you are traveling from Eastern Daylight Time, note that all times listed are Central Daylight Time.
- If you wish to spend the night in the area, suggested lodging information is provided below and to the right. Please call early for your reservations as many of the camps have similar session dates.

PLACES TO STAY

All within 30 minutes or less of LMC

- **Andiamo Lodge**
AndiamoLodge.com
- **Cloudland at McLemore Resort**
StayCloudland.com
- **Mentone Inn Bed & Breakfast**
MentoneInn.com
- **Bee on the Brow Bed & Breakfast**
BeeOnTheBrow.com
- **Mountain Laurel Inn**
[Facebook.com/MountainLaurelInn](https://www.facebook.com/MountainLaurelInn)
- **Mentone Cabins**
CabinsAndRentalsInMentoneAlabama.com
- **Desoto State Park Lodge**
AlaPark.com/Parks/Desoto-State-Park
- **Day's Inn Fort Payne**
- **Econo Lodge Fort Payne**
- **Hampton Inn Fort Payne**
- **Holiday Inn Express Fort Payne**
- Also check out **VRBO & Airbnb**

FAQS

“Can we bring him to camp earlier or depart later than the specified date?”

Please do not plan to have your son arrive early or stay late unless absolutely necessary. We are not prepared to give campers the attention necessary because of staff time-off, pre-session meetings, and work assignments prior to the opening of a session. Under extreme circumstances, we will allow an early arrival because we understand that some things cannot be helped. There will be a \$100.00 per day charge for early arrivals and late departures. There are no late departures after the last term or early arrivals prior to the first term.

“What do I do if I receive a homesick letter?”

Homesickness is a common occurrence. It is natural and it happens to each and every one of us, to varying degrees. Whenever we think about home, a grandparent, a friend, etc. it is perfectly normal to become emotional about such matters. After all, campers are required to write letters home at least twice a week, so at the very minimum he will be thinking of home at that time. From our end, we are prepared to spot and handle homesickness so that it will not interfere with your son's stay with us. From your end, please realize that if you receive a homesick letter, by the time it has been delivered to you it has been three or more days since it was written. Chances are that the event or feelings you are reading about are “ancient” history in terms of how time is measured at camp. Friends have been made, routines have set in, goals have been placed in sight and are being attained. If you just ...can't stand it... call us. We'll be happy to talk to you and you can talk to his counselor if you wish, but we must ask you to please consider carefully any request to talk to your son personally. A boy can be in the midst of having a wonderful time only to be called away for the telephone upon which he hears his Mom's or Dad's voice and it sets him back to thinking about why he was homesick three days ago. Remember, if there was anything seriously wrong, we would have called you! On a final note, a boy who overcomes homesickness has gained a little strength, a little maturity and a little insight into how to handle his feelings. He doesn't know why, but he now feels better about himself. Please visit this link for a CBS video on camp homesick letters (you'll love it!): [YouTube.com/watch?v=zwsDnihs6vg](https://www.youtube.com/watch?v=zwsDnihs6vg)



LMC ACCOUNT

Please fill out and email this form to LookoutMountainCamp@gmail.com or mail along with a check for deposit into your account (and for all pre-order items selected) to our off-season address (if before May 15) or our summer address (if after May 15).

OFF-SEASON ADDRESS

Lookout Mountain Camp
1465 Eleonore Street
New Orleans, LA 70115

SUMMER ADDRESS

Lookout Mountain Camp
277 County Road 632
Mentone, AL 35984

Camper's Full Name: _____

I would like to add \$ _____ to our Store Account.

*We suggest that you deposit the following amounts into your son's LMC account:
Father-Son Session: \$50, 2-Week Session: \$185, 4-Week Session: \$245, 6-Week Session: \$275.*

My son may exceed the amount deposited: Yes No

Session Attending:

- Father-Son
- 2-Week
- 4-Week
- 6-Week

STORE PRE-ORDER

The camp maintains a store where you may purchase t-shirts, shorts, laundry bags, etc. The Store is open each Opening Day and twice a day to campers during their "Store" activity periods. This form allows you to pre-order certain items and bypass the required "check-in" visit at camp's store. All items ordered will be received on Opening Day. Please note that when we run out of certain items during the summer, we cannot always restock them. For these reasons, it's best to utilize this pre-order form.

| ITEM | SIZE (Youth/Adult) & QUANTITY | PRICE | TOTAL |
|-------------------------|--|-------|-----------------|
| Green LMC T-Shirt | Size: YS YM YL AS AM AL AXL Quantity: _____ | \$24 | \$ _____ |
| White LMC T-Shirt | Size: YS YM YL AS AM AL AXL Quantity: _____ | \$24 | \$ _____ |
| LMC Shorts | Size: YS YM YL AS AM AL AXL Quantity: _____ | \$24 | \$ _____ |
| LMC Sweatshirt | Size: YS YM YL AS AM AL AXL Quantity: _____ | \$40 | \$ _____ |
| LMC Hoodie | Size: YS YM YL AS AM AL AXL Quantity: _____ | \$52 | \$ _____ |
| LMC Hat | One Size Quantity: _____ | \$28 | \$ _____ |
| Pre-Order Total: | | | \$ _____ |



CAMPER GIFT PACKAGES

Our Camper Gift Packages are great way to tell your child to have fun at camp! Each includes a personal note from you with LMC gear plus age-appropriate games and toys for your child to enjoy while he's at camp. Campers *love* these! We recommend ordering gift packages early so your son can utilize the contents from the start of his session. Please email completed forms to LookoutMountainCamp@gmail.com and your LMC account will be billed according to which package you choose.

ORDER FORM

Camper's Full Name: _____

Cabin N°: _____ **Age:** _____ **Team:** **Green** **White**
(if known) (if known; does not apply to Father-Son campers)

Gift Package Size: **Small** (\$65) **Medium** (\$85) **Large** (\$105)

Sender's Full Name: _____

Signature: _____

Session Attending:

- Father-Son
- 2-Week
- 4-Week
- 6-Week

Note from Sender: _____

OFF-CAMPUS TRIP PERMISSION

The camp suggests that, generally, a maximum of two field trips per session is adequate. All are weather and other conditions permitting. **Off-campus trips do not apply to Father-Son Session.**

Please fill out and email this form as soon as possible to LookoutMountainCamp@gmail.com or mail along with a check for selected trips to our off-season address (if before May 15) or our summer address (if after May 15). Both addresses can be found on pages 1 and 5.

Camper's Full Name: _____

Parent or Guardian Phone Number: _____

Additional Parent Phone Number (optional): _____

Session Attending:

- 2-Week
 4-Week
 6-Week

I WOULD LIKE MY SON TO PARTICIPATE IN:

- Any trip he chooses.** (Checking this means that your son has your permission to go on any trip he chooses, so long as he meets the minimum age requirements, without any additional authorization needed from you.)

| TRIP | COST | SESSION | DATES |
|---|-----------|-------------|--------------|
| <input type="checkbox"/> Senior Ranger Trip (Available to campers age 14 and older only.) | \$3,995 | Pre-Camp | June 1 - 14 |
| <input type="checkbox"/> Tellico Fly Fishing Trip (Your son's <u>social security number is required</u> for a fishing license. Please include it here SS#: _____.) | \$465 | 4 & 6 Weeks | July 11 - 13 |
| <input type="checkbox"/> Smoky Mountain Ranger Trip (Available to campers age 12 and older only. Limited space available; full payment for the Ranger Trip is due upon reservation. It is <u>non-refundable</u> , so please be sure he wants to go.) | \$595 | 4 & 6 Weeks | July 15 - 18 |
| <input type="checkbox"/> Nantahala White Water Trip* (raft or rubber kayak) | \$290 | All Regular | TBD |
| <input type="checkbox"/> Ocoee White Water Rafting Trip* (Available to campers age 12 and older only.) | \$290 | All Regular | TBD |
| <input type="checkbox"/> Overnight at Little River Canyon (or similar local area; available to campers age 12 and older only.) | No Charge | All Regular | TBD |

* My son, who's attending Full-Term, wants to participate in the: **Nantahala Trip** **Ocoee Trip** when it's repeated.

There are off-campus field trips incidental to camp in which the boys will participate that have no charges. Unless you specifically request below that you do not want your son to participate, he will be included in these trips.

- I do not want my son to participate in any field trips.**
He is not authorized to leave the LMC campus except for emergencies.

Signature of Parent or Guardian: _____

HEALTH RECORD

This form must be completed and emailed to LookoutMountainCamp@gmail.com by **June 1st**.
 Pages 8 and 9 can be filled out by a parent or guardian; page 10 needs to be completed by a physician.
This form is not required for campers that are only attending Father-Son Session.

CAMPER INFORMATION

Camper's Full Name: _____ Date of Birth: _____ **Session Attending:**
 Height: _____ Weight: _____ Date of last examination by physician: _____ 2-Week
 Physician's Name: _____ Phone: _____ 4-Week
 Dentist/Orthodontist's Name: _____ Phone: _____ 6-Week
 Ophthalmologist/Optometrists Name: _____ Phone: _____

| VACCINE | MONTH & YEAR OF BASIC IMMUNIZATION | YEAR OF LAST BOOSTER |
|---|------------------------------------|----------------------|
| Diphtheria | | |
| Pertussis (<i>Whooping Cough</i>) | | |
| Tetanus | | |
| Oral Polio (<i>Sabin</i>) TOPV | | |
| Injectable Polio (<i>Salk</i>) | | |
| Measles (<i>hard measles, red measles, rubeola</i>) | | |
| Tuberculin test given (<i>most recent date</i>) | | |
| Other Vaccines (<i>list type next to dates</i>) | | |

PARENT INFORMATION

Parent or Guardian Full Name: _____ Phone: _____
 Address (*street, city, state, zip*): _____
 Occupation: _____ Work Phone: _____
 Second Parent or Guardian Full Name (*optional*): _____ Phone: _____
 Address (*street, city, state, zip*): _____
 Occupation: _____ Work Phone: _____
In an emergency, if above is not available, please notify:
 1. Full Name: _____ Phone: _____
 2. Full Name: _____ Phone: _____

INSURANCE INFORMATION

Lookout Mountain Camp does not provide or offer medical insurance coverage for campers.
 Please attach a copy of your medical insurance card showing carrier and policy number, or list below:

Carrier: _____ Policy/Group N°: _____ Phone: _____
(on back of card)
 Policyholder's Date of Birth: _____ Policyholder's Social Security: _____

HEALTH HISTORY

Please check all that apply and **provide dates** where applicable. Attach any additional information or explanation if necessary.

- | | Date |
|--|-------|
| <input type="checkbox"/> Athlete's Foot | _____ |
| <input type="checkbox"/> Bleeding / Clotting Disorders | _____ |
| <input type="checkbox"/> Bronchitis | _____ |
| <input type="checkbox"/> Constipation | _____ |
| <input type="checkbox"/> Convulsions / Epilepsy | _____ |
| <input type="checkbox"/> Diabetes | _____ |
| <input type="checkbox"/> Enureses | _____ |
| <input type="checkbox"/> Fainting | _____ |
| <input type="checkbox"/> Frequent Colds | _____ |
| <input type="checkbox"/> Frequent Ear Infections | _____ |
| <input type="checkbox"/> Frequent Sore Throats | _____ |
| <input type="checkbox"/> Heart Defect / Disease | _____ |
| <input type="checkbox"/> Hernia | _____ |
| <input type="checkbox"/> Hypertension | _____ |
| <input type="checkbox"/> Kidney Trouble | _____ |
| <input type="checkbox"/> Mononucleosis | _____ |
| <input type="checkbox"/> Rheumatic Fever | _____ |
| <input type="checkbox"/> Sinusitis | _____ |
| <input type="checkbox"/> Sleepwalking | _____ |
| <input type="checkbox"/> Sprains or Breaks | _____ |
| <input type="checkbox"/> Upset Stomach | _____ |

Please list any current medication required):

(and include or send with instructions)

Stipulated Restrictions: Please note any specific camp activities of which your son cannot participate due to health reasons:

DENTAL & VISION

Please check all that apply and **provide notes** where applicable. Attach any additional information or explanation if necessary.

- Braces
- Retainer
- Contacts
- Glasses

What procedures should be taken if glasses, contacts, braces or retainer is lost or broken at camp:

- Replace at once Call Home

Please indicate if there are any teeth or eye conditions for which we should be aware (ex: chipped tooth, etc.):

ALLERGIES

Please check all that apply and **provide notes** where applicable. Attach any additional information or explanation if necessary.

- Food(s) _____
- Hay Fever _____
- Insect Stings / Bites _____
- Penicillin _____
- Poison Ivy _____
- Other: _____

Please list dietary modifications required:

DISEASES

Please check all that apply and **provide dates** where applicable. Attach any additional information or explanation if necessary.

- | | Date |
|---|-------|
| <input type="checkbox"/> Asthma | _____ |
| <input type="checkbox"/> Chicken Pox | _____ |
| <input type="checkbox"/> Covid | _____ |
| <input type="checkbox"/> German Measles | _____ |
| <input type="checkbox"/> Measles | _____ |
| <input type="checkbox"/> Mumps | _____ |
| <input type="checkbox"/> Tuberculosis | _____ |

IMPORTANT: Please notify the came if this camper is exposed to any communicable disease during the three weeks prior to arrival at camp.

Below must be completed to attend camp:

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted by me in the "Stipulated Restrictions" section. I hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of my child and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photo copied for out-of-camp use.

Signature of Parent/Guardian

Date

I understand and agree to abide with the restrictions (if any) placed on my camp activities:

Signature of Camper

HEALTH EXAMINATION

A health examination within the past 24 months is required to attend all regular camp sessions. A licensed physician must complete the form, and it should be emailed to LookoutMountainCamp@gmail.com by **June 1st**. ***This form is not required for campers that are only attending Father-Son Session.***

Physician's Full Name: _____ Phone: _____

Address (street, city, state, zip): _____

The camper is under the care of a physician for the following condition(s):

| CONDITION | CURRENT MEDICATION | DOSAGE / TREATMENT <i>(if to be continued at camp)</i> |
|-----------|--------------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Explanation of any reported loss of consciousness, convulsion or concussion: _____

Does camper have diabetes? Yes No Does camper have epilepsy? Yes No

Medically prescribed meal plan or dietary restrictions: _____

Allergies (drug, food, insects, plants, etc.) _____

Additional health information: _____

I have examined the camp applicant within the past 24 months. In my opinion the applicant's condition
 does **does not** permit his participation in an active camp program.

Signature of Physician

Date

Signature if completed by nurse or physician's assistant

ATLANTA AIRPORT SHUTTLE RESERVATION

Please fill out and email this form to LookoutMountainCamp@gmail.com or mail along with a check for shuttle payment to our off-season address (if before May 15) or our summer address (if after May 15).
We will not be providing airport shuttle transportation for Father-Son session.

OFF-SEASON ADDRESS

Lookout Mountain Camp
1465 Eleonore Street
New Orleans, LA 70115

SUMMER ADDRESS

Lookout Mountain Camp
277 County Road 632
Mentone, AL 35984

One Way Shuttle: \$285 Round Trip: \$395

SHUTTLE RESERVATION REQUEST:

- From Atlanta airport on Opening Day** (only for flights arriving between 9:30 a.m. and 2:00 p.m.)
 To Atlanta airport on Closing Day (only for flights departing between 12:00 p.m. and 4:00 p.m.)

Camper's Full Name: _____

**Session
Attending:**

Flight N° (to camp): _____ **Airline:** _____

2-Week

Arrival Date: _____ **Arrival Time:** _____

4-Week

Return Flight N°: _____ **Airline:** _____

6-Week

Departure Date: _____ **Departure Time:** _____

Person picking up camper at end of return flight: _____

Phone Number: _____ **Emergency Phone Number:** _____