

**Burgundy Center for Wildlife Studies**

**Please return this slip with your payment to the following address. The balance and all paperwork are due at least 14 days before the start of the session.**

**BCWS  
3700 Burgundy Rd.  
Alexandria, VA 22303  
703.842.0470**

**Enclosed Payment for** \_\_\_\_\_  
CAMPER'S NAME

Tuition Balance \$ \_\_\_\_\_

Bedding Rental \$ \_\_\_\_\_  
(charge only applies to those who choose this service: see letter for explanation)  
(\$30 per Jr. session)  
(\$50 per Sr. session)

Total Payment \$ \_\_\_\_\_

**Transportation**

My child will arrive at camp via:

Own car \_\_\_\_\_ Other (name) \_\_\_\_\_

Please help me find a ride for my child for: Arrival day \_\_\_\_\_ Departure day \_\_\_\_\_  
I may be able to give a ride to someone who needs it: Arrival day \_\_\_\_\_ Departure day \_\_\_\_\_

You can give my phone number \_\_\_\_\_ to others for this purpose.

You can give my email \_\_\_\_\_ to others for this purpose.

In the event of a change of the above plans, I will contact the summer office at (304) 856-3758.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date