

CANTEEN BANK

Camper Name: _____

Amount Banked: \$_____ Date: _____

Please check one of the following:

I wish to donate any balance remaining in my camper's Canteen Bank at the end of the camping week to Lakeshore Center at Okoboji.

I wish to have a refund check for a remaining balance over \$5 in my camper's Canteen Bank at the end of the camping week. I understand this check will not be sent to me until September.

I understand that if my camper's Canteen Bank end of the camping week is \$5 or less, the amount will be donated to Lakeshore Center at Okoboji in my name.

Signature of Parent/Guardian: _____

Printed name: _____

Return to Lakeshore Center prior to camp session or bring with you to registration.