Camp Iliff's Birthday List of Attending Guests & Children

Please complete the following information and mail to: Camp Iliff, 280 Spring Street, Newton, NJ 07860

Child's Name: _____

Age Turning: _____

Date of Party: _____

Time of Party: _____

Parents Name(s): _____

Birthday Package: (check one) **___Grand Banana** **___Happy Camper** **___Super Duper**

List of Guests and Children Attending: (The amount of names will stipulate the amount of chairs for your party. Please include the Birthday child and family members in the count

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list additional names on back. This form must be submitted no later than one week before the scheduled party.