

Camper Name: _____

Group: _____

OPTIONAL ACTIVITY - The [Forget-Me-Not Cupcake](#) bus will visit on Wednesday, July 27th. Please, only one CIT/Camper per form. Must be returned by Monday 7/25 to the Head Counselor.

Cupcake Flavors for 7/27	Please indicate your child's desired flavor:
Chocolate Chip Cookie Dough	
Oreo	
Carrot Cake	
Caramel Macchiato	

Cupcakes may come in contact with nuts or other allergens within the bakery. If your camper has a dietary need and you would like to send in a cupcake for him or her to enjoy, please let us know and we will keep it fresh & safe until lunch.

Cupcakes are \$3.00 each. Total amount = \$ _____

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