



## SUMMER CAMP 2026 INVOICE

Name on check \_\_\_\_\_

Check Number \_\_\_\_\_

Camper Name	Full or Half Week

Please send this invoice and your check to the following address:

**Douglas Adamson**  
**7426 N County Road 400 W**  
**Saint Paul, IN 47272**

We look forward to having you at this year's summer camp!



[www.adamsonkarate.com](http://www.adamsonkarate.com)  
[akaratecamp@gmail.com](mailto:akaratecamp@gmail.com)