

# Referral Card

Camp NOLA Kidz  
3939 Gentilly Blvd. Box 406  
New Orleans, LA 70126

Camp Office: 504-816-8144  
Preschool Office: 504-816-8585  
Fax: 504-816-8485  
e-mail:  
preschooldaycamp@nobts.edu

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Your Name:**

\_\_\_\_\_

**Child's Name:**

\_\_\_\_\_

**I was referred by: (first and last name  
of child)**

\_\_\_\_\_



**\*Bring this card in with your completed application and payment for registration. Thank you!**

[www.nolakidz.com](http://www.nolakidz.com)

**Camp NOLA Kidz**

3939 Gentilly Blvd. Box 406  
New Orleans, LA 70126

PLEASE  
PLACE  
STAMP  
HERE

Type address here or use Mail Merge  
(under Tools) to automatically  
address this publication to  
multiple recipients.