



Camp Application

Camper Information

Full Name: _____ Date: _____
Last First M.I.

_____ *Age*

_____ *School*

_____ *Grade*

Parent Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City*

_____ *State*

_____ *ZIP Code*

Phone: _____ Email _____

Phone: _____ Email _____

Fee Enclosed YES NO

Camp Selection

Name of Camp: _____ Dates: _____

Note to Parents:

When the application/fee is received, we will confirm your email address. Two weeks before camp, we will send a carpool list, list of things to bring, medical forms and a liability waiver. Please indicate your preference.

Email ___ Mail ___