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## Youth Sessions (check one)

Session 1 (3<sup>rd</sup> through 8<sup>th</sup> grade) July 16 - July 22 Session 2 (9<sup>th</sup> through 12<sup>th</sup> grade) July 26 - Aug 4

## Camper Information

Last Name:	First Name:	
Address:		
City:	State:	Zip
County:	E-mail:	
Phone – Cell:	Home:	
Ethnicity (optional): (Important for assistance with grant and	l funding applicatio	ons)
Emergency Contact:		
Relationship:		
Phone – Cell:	Home:	
Second Emergency Contact:		
Relationship:		
Phone – Cell:	Home:	
Name of O&M and/or TVI Instructor:		
Name of DOR Counselor if applicable:		
Do you have a roommate or cabin prefer	ence?	