2006 CAMP ADVENTURE APPLICATION

Sponsor's Name_____

_____ AF _____ DOD _____ Contractor

Child's Name_____

Child's Age_____ Child's Birthdate_____

Allergies_____ Medication_____

Physical Limitations_____

Hobbies_____

Best Friends_____

Emergency Point of Contact:
Name_____
Address_____
Phone Number_____

My child will attend week(s):
1___ 2___ 3___ 4___ 5___ 6___ 7___

Total Amount Submitted $_____

Parent/Guardian Signature _____

Please submit one application per child.
Return completed application(s) to the Community Activities Center
no later than 1 week prior to selected theme start date.