

Senior Camp 2020 SUMMER CAMP APPLICATION

** ELIGIBLE PATRONS MUST BE A PARENT OR LEGAL GUARDIAN OF THE CHILD ATTENDING CAMP.

ONLY ONE APPLICATION PER FAMILY - MULTIPLE APPLICATIONS WILL RESULT IN DISQUALIFICATION

OF ALL THOSE SUBMITTED FOR THE FAMILY. APPLICATIONS MUST BE BROUGHT TO BUILDING 3156 AND

PLACED IN THE APPLICATION BOX IN A BLANK WHITE ENVELOPE BETWEEN 0700 AND 1730. EMAILED

APPLICATIONS WILL NOT BE ACCEPTED.

A COMPLETE APPLICATION INCLUDES PRIORITY FORM

Name of Sponsor: Telephone: (Work)	((Home)		(Cell)	
Please list your chil	d's/children's in	nformation a	as required:		
Name:	Age as of	6/22/20:	School Yr.	19/20 Grade:	: DOB:
Name:	Age as of	6/22/20:	School Yr	. 19/20 Grade:	: DOB:
Name:	Age as of	6/22/20:	School Yr	. 19/20 Grade:	: DOB:
FULL IS REQUIRED.CAMP The camp season opera Please indicate the w	tes for a 9 week	period star	rting June 22:	_	August 21st.
		-	-	_	August 21st.
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WEEK # 1 - 22 JU	- NE THROUGH 26 JUN	IE			
WEEK # 1 - 22 JU WEEK # 2 - 29 JU WEEK # 3 - 6 JUL	THROUGH 26 JUNNE THROUGH 3 JULY	IE			
WEEK # 1 - 22 JU WEEK # 2 - 29 JU WEEK # 3 - 6 JUL WEEK # 4 - 13 JU	NE THROUGH 26 JUNNE THROUGH 3 JULY	TE			
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WEEK # 1 - 22 JU WEEK # 2 - 29 JU WEEK # 3 - 6 JUL WEEK # 4 - 13 JU WEEK # 5 - 20 JU WEEK # 6 - 27 JU	NE THROUGH 26 JUNNE THROUGH 3 JULY Y THROUGH 10 JULY LY THROUGH 17 JUL LY THROUGH 24 JUL	TE			
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^{**}Applications must be signed by a Parent

^{***}Application must include Priority Form

Summer Camp Priorities

Sponsor (MUST CHECK ONE)	Spouse (MUST CHECK ONE)
Active Duty Wounded Warrior	Active Duty Military
CYS Direct Care Staff	DOD Civilian
Active Duty Military	DOD Contractor
DOD Civilian	Employed (non-DOD)
DOD Contractor	Seeking Employment
Other Federal Employee	Student
Inactive Guard/Reserve	Non-Working
Military Retiree	Surviving Spouse Working
	Surviving Spouse Seeking Work
	Surviving Spouse Student
	Surviving Spouse Non-Working
	No Spouse/Partner (Single)