

Wilderness Skills Intensive Weekend Overnight Camps

2012 Youth Application

Pre-Teen Ages 9 - 12

Camper: Last Name _____ First Name _____ Nickname _____

Date of Birth ___/___/___ Age at time of Camp _____ Gender: Male Female

Yes No Does your child have any health, mental issues, behavior, or any other concerns that our staff need to be aware of? Please explain on the back.

Yes No Does your child need any special accommodations? Please explain on the back.

Names of siblings attending camp: _____

Parent/Guardian: Last Name _____ First Name _____

Relationship to Camper _____

Physical Address:

Street _____ City _____ State _____ Zip _____

Mailing Address if different:

Street or P.O. Box _____ City _____ State _____ Zip _____

E-mail _____ Day Phone () _____

Evening Phone () _____ Cell Phone () _____

Where did you find out about Wilderness Skills Institute? _____

<p>Ages 9 - 12. Space is limited. Arrive 1 pm and Depart 3pm Check www.WildernessSkillsInstitute.com for details.</p> <p><input type="checkbox"/> January 21 – January 22 <input type="checkbox"/> February 18 – February 19 <input type="checkbox"/> March 17 – March 18 <input type="checkbox"/> April 21 – April 22</p>	Office use only		
	Quantity	Cost	Session Total
Overnight Campers Ages 13 to 18	x	\$100	
Nonrefundable Application Fee-For 1st Time Enrollments Only		\$25	
		total	

Make check payable to: Wilderness Skills Institute LLC

849 Almar Ave., Ste. C-243, Santa Cruz, CA 95060

Phone: (925) 785-2946

WildernessSkillsInstitute.Com

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