

Let's Make It Happen Together, Inc.
Youth Mentoring / Enrichment Camp
Program Application
(Thanks for printing legibly!)

1. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Camper: _____ Date of Birth: _____ Age (at the time of Camp): _____			
Name you prefer to be called (if different): _____			
Name of School: _____		Grade: _____	
T-Shirt Size (circle one): Youth: XS SM MED LG <i>or</i> Adult: SM MED LG XL XXL XXXL			
Name of Parent/Guardian/Primary Contact: _____			
Mailing Address: _____			
City: _____		State: _____	Zip Code: _____
Home Phone: _____		Cell Phone: _____	Work Phone: _____
Email address you check frequently: _____			
Best way to contact you? (circle one) Home Phone Cell Phone Email			
What is the race/ethnicity of you/your camper?* _____ <input type="checkbox"/> Prefer not to say			
<small>*Knowing the demographic makeup of our campers/community can assist in grant writing, intentional outreach, and more -- please respond if you feel comfortable.</small>			

3. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____		Relationship: _____	
Home Phone: ____ - ____ - ____		Work/Cell Phone: ____ - ____ - ____ ext ____	
Second Contact's Name: _____		Relationship: _____	
Home Phone: ____ - ____ - ____		Work/Cell Phone: ____ - ____ - ____ ext ____	

4. SAFETY INFORMATION (please list all known conditions so we can accommodate your camper's needs)

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

Does your camper have any behavioral or emotional issues the staff should know about?

Is your camper taking any medications to treat these conditions?

Please list anything you would like us to know about your camper?

5. MEDICAL INSURANCE (PLEASE LIST ALL KNOWN INFORMATION, IF THERE IS NONE PLEASE LIST THIS TO ACCOMMODATE YOUR CAMPER IN THE EVENT OF MEDICAL EMERGENCY)

Insurance Company Name: _____

Person Insured _____

Policy Number/Group Number/Sponsors SS# _____

Identification Number _____



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Camper's Checklist

Accessories:

- Blankets
- Flashlights (with extra batteries)
- Pillows
- Sheets
- Sleeping bags (with optional liners)

Clothing & Footwear

- Black / Blue or Tan Pants **(Sunday morning worship service)**
- Comfortable sneakers
- In-camp sandals / flip flops
- Long-sleeve shirts (for sun, bugs)
- Quick-drying shorts
- Sleepwear
- Socks
- Swimsuits
- T-shirts
- Underwear
- Water sandals

Personal Items

- Alcohol or antiseptic wipes
- Brush/comb
- Hand sanitizer
- Insect repellent
- Mirror
- Prescription medications
- Shower water bag
- Soap
- Spare eyeglasses/contact lenses
- Sunscreen
- Toothbrush/mouthwash
- Washing Rag & Towel

Miscellaneous

- Board Games
- Camera
- Funds (souvenir gifts)
- Water Bottle