

2010 Leadership Camp Application

Camper Information

Last Name: _____ First Name: _____

Preferred Name: _____ Date of Birth: _____

School: _____ Avg Grade: _____

Entering Grade: _____ Height: _____ Weight: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____

E-mail address: _____

Father's Name: _____

Work Phone: _____ Cell: _____

Mother's Name: _____

Work Phone: _____ Cell: _____

Registration

7th and 8th grade camp **June 13-19** Fee: **\$365**

5th and 6th grade camp **June 21-26** Fee: **\$340**

I would like to request financial assistance of \$_____.

Transportation (included in above fees)

I will need transportation to camp from:

Chicago North Milwaukee

Chicago South St. Louis

I will need transportation from camp to:

Chicago North Milwaukee

Chicago South St. Louis

Indicate any additional comments on the reverse side

Medical Information / Release Form

Insurance Data: Company: _____

Group: _____

Policy: _____

Date of Last Tetanus Shot: _____

Insurance Co. Phone: _____

Indicate any pertinent health information (allergies, medications etc):

I the (father, mother, guardian) of the boy named on the above application, hereby delegate authority to the Directors of the LEADERSHIP CAMP to arrange whatever medical treatment they may deem necessary for him during his stay at the camp.

Signature: _____

Date: _____

Return form with full payment or a \$100 deposit to:

Leadership Camp
5815 N. Cicero Ave.
Chicago, IL 60646

For more information:

www.midwestleadershipcamp.org
info@midwestleadershipcamp.org
(773) 283-1099