



# GIRLS CAMP



## Camper Application Form

July 26&27

Participants Full Legal Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Birth date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

T-Shirt size (**Please specify if Adult or Youth Shirt**): Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X Large \_\_\_\_\_

Please list any allergies (including food): \_\_\_\_\_

Any Medications (including allergy medications)/Any current health issues/concerns: \_\_\_\_\_

Parent/Guardian Telephone and E-mail Address: \_\_\_\_\_ / \_\_\_\_\_  
Telephone Email

Parent/Guardian's name (print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Would female parent/guardian like to attend girls camp as chaperone? Yes No  
(Please call the contact number below to receive a chaperone application)

Return with permission/waiver form to:  
Jerry Elliott  
1313 Cherokee Ln  
Houston, Mo. 65483

Contact Number  
(417) 260-1444



For Office Use Only  
Received by: \_\_\_\_\_ Date \_\_\_\_\_