



# Camper Application

## Age 9-11

### June 5-7 2024

Forest Heritage Center Museum

P.O. Box 157, Broken Bow, Oklahoma 74728

580-494-6497

**Applications must be received by May 20<sup>th</sup> via mail or e-mail**

**No late applications will be accepted**

**Acceptance letters will be mailed on May 27<sup>th</sup>**

**Return with a \$25 check or money order and a photo of the camper (fun photos are welcome!)**

**The number of participants will be limited to 15**

*Please Type or Print:*

Date of Application: \_\_\_\_\_

T-Shirt Size: Small [ ] Medium [ ] Large [ ] XL [ ] XXL [ ]

Name of Camper \_\_\_\_\_ Ph \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Grade in 2020-2021 school year \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] Male [ ] Female

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Disability: [ ] Yes [ ] No List special needs: \_\_\_\_\_

Have you attended this camp before? [ ] Yes – What year? \_\_\_\_\_ [ ] No, I have never attended Camp Discover.

I give my permission for the Forest Heritage Center to use camper's name, photo, and quotes in news releases and other publicity.

Parent's Name (Please Print) \_\_\_\_\_

Signed \_\_\_\_\_ Signed \_\_\_\_\_

**Parent's Signature**

**Camper's Signature**

I give my permission for the Forest Heritage Center to administer First Aid to my child and to seek medical care in case of emergency.

Parent's Name (Please Print) \_\_\_\_\_

Signed \_\_\_\_\_ Signed \_\_\_\_\_

**Parent's Signature**

**Camper's Signature**

### CAMPERS:

1. What clues can trees give us about our world?

\_\_\_\_\_

2. What tree products have you used today?

\_\_\_\_\_

3. What is an art project that YOU can make with part of a tree?

\_\_\_\_\_

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### Office Use Only:

Date Application Received \_\_\_\_\_

Date Confirmation Sent \_\_\_\_\_