

Camp Keola  
**Junior/Junior High 1 & 2 or High School Camps**  
2008 Application and Registration Form

Date \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Home Church \_\_\_\_\_

Check the Camp you plan to attend and the grade you completed July 2007.

**Junior/Junior High Camp 1**

July 13 - July 19, 2008 - \$220

3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_

**Junior/Junior High Camp 2**

July 20 - July 26, 2008 - \$220

3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_

**High School Camp**

July 27 - August 2, 2008 - \$230

8<sup>th</sup> \_\_\_\_\_ 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup> \_\_\_\_\_

**Transportation:**

A Charter Bus will be available from Phoenix, Arizona and Southern California for \$60 round-trip for Jr/Jr. High Camp 2 (July 20-26). Will you be riding on the bus? (circle one)

Yes   No   Maybe

**Camp Shirts:**

Registrations postmarked before June 20, 2008 will receive a FREE Camp Keola T-shirt. Please indicate your T-shirt size preference (circle one):

Youth:   M   L            Adult:   S   M   L   XL

Does parent expect to be home during camp dates?

\_\_\_\_\_

Person other than parent to contact in the event of an emergency:

Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Address \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_

Night Phone (\_\_\_\_) \_\_\_\_\_

The information requested below is optional and will only be shared with the Nurses, Program Staff and your child's counselor if appropriate. Please give these details careful attention so that we can be helpful to you and your child.

What goals do you have for your camper? (may be physical, social, emotional, or spiritual) \_\_\_\_\_

\_\_\_\_\_

Does your child have any special physical, mental or emotional needs? Please describe \_\_\_\_\_

\_\_\_\_\_

**Do any of the following apply to your child?**

Nightmares? \_\_\_\_\_

Bed-wetting? \_\_\_\_\_

Sleepwalking? \_\_\_\_\_

Are both parents living? \_\_\_\_\_

Is there a divorce or separation? \_\_\_\_\_

In the event the applicant/camper herein should need medical attention, the undersigned grants permission to the Camp Keola staff to arrange for this service.

\_\_\_\_\_

Parent or guardian signature (if camper is under 18)