

**CAMP LEON 2017  
CAMPER APPLICATION**

Camper Full Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Camper Birthdate: \_\_\_\_\_

Camper's Gender: \_\_\_ Male \_\_\_ Female

Camper School Grade **Fall 2017**: \_\_\_ Second; \_\_\_ Third; \_\_\_ Fourth; \_\_\_ Fifth  
\_\_\_ Sixth; \_\_\_ Seventh; \_\_\_ Eighth

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

City: \_\_\_\_\_

State: \_\_\_ Zip Code: \_\_\_\_\_

Parents' (or Guardian's) Names: \_\_\_\_\_

Parents' (or Guardian's) Phones: Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parents' (or Guardian's)Emails: \_\_\_\_\_

Church attended by family: \_\_\_\_\_

Please list all medical information about your child that may require an accommodation at camp (chronic illness, disabilities, dietary restrictions, activity restrictions, etc.). We will send additional medical forms once campers have been accepted.

Other special notes or questions: