



GROUP WORKCAMPS

Return this completed form to Group by:

5 / 20 / 2010

Camp Code

1 0 S C 0 1

Camper Information Form

K i n g s t r e e , S C

Please use a blue or black pen to complete this form.

If you are an adult (21 years or older) a completed Verification of Background Check form is required as well.

Youth Leader's first name

Youth Leader's last name

Participant first name

Participant last name

Address

Grade entering (Fall of 2010)

6th 11th

7th 12th

8th College

9th N/A

10th

City

State

Zip

Phone number

Birthdate (MMDDYY)

Gender

 M F

Age

Email address

Criminal History:

Violence against another person resulting in a felony conviction within the last 10 years Yes No

Sexual crimes involving children, youth or adults resulting in a conviction Yes No

Use or distribution, of illicit drugs or controlled substances in the last 10 years Yes No

Property crime resulting in conviction in the last 10 years Yes No

If you marked yes for any, please explain below

Number of Group camps attended:

First time Attended one camp Attended two camps Attended three camps Attended four or more camps

Please complete the other side of this form, all campers must sign the release agreement.



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