

Wilderness Skills Institute Winter & Spring Break Camps

2011-2012 Youth Application

Kids Ages 6 – 9 (Day Camp)

Camper: Last Name _____ First Name _____ Nickname _____

Date of Birth ___/___/___ Age at time of Camp _____ Gender: Male Female

Yes No Does your child have any health, mental issues, behavior, or any other concerns that our staff need to be aware of? Please explain on the back.

Yes No Does your child need any special accommodations? Please explain on the back.

Names of siblings attending camp: _____

Parent/Guardian: Last Name _____ First Name _____

Relationship to Camper _____

Physical Address:

Street _____ City _____ State _____ Zip _____

Mailing Address if different:

Street or P.O. Box _____ City _____ State _____ Zip _____

E-mail _____ Day Phone () _____

Evening Phone () _____ Cell Phone () _____

Where did you find out about Wilderness Skills Institute? _____

<p>Ages 6 – 9. Space is limited. Check www.WildernessSkillsInstitute.com for details.</p> <p><input type="checkbox"/> Winter Break Session 1 Dec. 19 – Dec. 23 <input type="checkbox"/> Winter Break Session 2 Jan. 2 – Jan. 6 <input type="checkbox"/> Winter Break Session 3 Feb. 20 – Feb. 24 <input type="checkbox"/> Spring Break Session 1 April 2 – April 6 <input type="checkbox"/> Spring Break Session 2 April 9 – April 13</p>	<p>Office use only</p>			
	# of kids	x	Cost	Session Total
Full week day camp		x	\$450	
Nonrefundable Application Fee-For 1st Time Enrollments Only			\$25	
			total	

Checks payable to: Wilderness Skills Institute LLC, 849 Almar Ave.# C-243, Santa Cruz, Ca 95060
 Phone: (925) 785-2946 or (831) 431-6454

WildernessSkillsInstitute.com

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