



Camp Discover...

Art of the Forest

July 10-12, 2012

Camper Application Age 9-11

Forest Heritage Center
P.O. Box 157, Broken Bow, Oklahoma 74728
Phone: 580-494-6497 Fax: 580-494-6689
fhc@beaversbend.com

Applications may be mailed, emailed or faxed

Please Type or Print:

Date of Application: _____

T-Shirt Size: Youth Adult Small Medium Large XL XXL

Name of Camper _____

Address _____

City _____ State _____ Zip _____ Ph _____

Grade in '10-'11 school year _____ Age _____ Birth date ____/____/____ Male Female

Allergies: _____

Disabled: Yes List special needs: _____
 No

Have you attended this camp before? Yes – What year? _____ No, I have never attended camp.

**** Note: Preference will be given to first time campers ****

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

Parent's Name (Please Print) _____

Signed _____ Signed _____

Parent's Signature

Camper's Signature

Please answer the following questions. (Short answers only)

1. What do you feel the camper will benefit from Camp Discover?

2. During Camp Discover, what activity is the camper looking most forward to?



Office Use Only:

Date Application Received _____

Date Confirmation Sent _____