

Summit Leadership Camp T&T

CAMPER APPLICATION APPROVAL FROM DIRECTOR/AMD

Applicant's Full Name: _____ Date of Birth: _____ Age: (at camp) _____

Name on name tag button if different from above (subject to approval): _____ Male ___ Female ___

Awana Church Name: _____ Awana Charter Number: _____

Address: _____ City: _____ State: CA Zip: _____

Name of Handbook/s completed this year (not required for attending camp): _____

I confirm that this applicant has met the eligibility requirements and recommend him/her for this year's Summit Leadership Camp. I further confirm that the applicant and the applicant's family have completed this application and have provided all necessary signatures and information, and that I have not signed on behalf of the applicant or parents/guardians unless the applicant is my child.

Awana Director's Printed Name: _____ Awana Director's Signature: _____

Awana Director's Phone Number: _____ Awana Director's Email: _____

This section must be completed before acceptance will be considered.

To Be Completed by CAMP COORDINATOR (if used by your AWANA Club)

Camp Coordinator's Printed Name: _____ Camp Coordinator's Signature: _____

Camp Coordinator's Phone Number: _____ Camp Coordinator's E-mail: _____

We recommend that you keep a copy of this application for your records.