



SUMMER CAMP REQUEST FORM -

REQUESTOR INFORMATION

ORGANIZATION NAME		MOBILE PHONE*
REPRESENTATIVE NAME*		HOME PHONE*
E-MAIL*	WORK PHONE*	FAX*

PLEASE NOTE:

Each organization qualifies for one (1) camp or clinic at Category II reservations rates each calendar year. Camp must be offered for current registered participants only. Each additional camp/clinic request will be considered as field space is available. All camps are subject to the requirements of the Public Facilities Reservation and Fee Policy.

CAMP INFORMATION

CAMP DATES	DAYS OF WEEK	TIMES	ATTENDEES
1.			<input type="checkbox"/> OPEN TO PUBLIC <input type="checkbox"/> ORGANIZATION ONLY
2.			<input type="checkbox"/> OPEN TO PUBLIC <input type="checkbox"/> ORGANIZATION ONLY
3.			<input type="checkbox"/> OPEN TO PUBLIC <input type="checkbox"/> ORGANIZATION ONLY
4.			<input type="checkbox"/> OPEN TO PUBLIC <input type="checkbox"/> ORGANIZATION ONLY

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