

REACH OUT AMERICA
P.O. Box 1144
Mableton, Ga. 30126
Call 1-877-238-8544

CAMP APPLICATION & QUESTIONNAIRE

Name: _____ Nickname _____ Date of Birth _____

Name of camp that the child would like to attend: _____

Does the child have a physical disability or special needs? (If yes - please explain) _____

Will a guardian be attending the camp with the child? _____

Name of parent(s)guardian: _____

Address: _____

City,State,Zip: _____

Phone: _____ Email(please print clearly!): _____

Address of camper(if different from above): _____

Address: _____

City,State,Zip: _____

Phone: _____ Email(please print clearly!): _____

Sendakid2camp works hard to send as many kids 2 camp as possible. If you would like to help with a donation please note below. (Participation is optional)

O Yes, we would like to contribute and enclose \$ _____ for the donation