

PARTICIPANT INFORMATION: (ONE PAGE PER INDIVIDUAL)

Participant Name: _____ Birthdate: _____ Age: _____ Grade: _____

Phone: _____ Street Address: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

PARENT/GUARDIAN: Please fill out the first 3 columns. List one program session per line.

Program Title	ID Number	Resident Fee Listed	The boxes to the right are for OFFICE USE ONLY.	Parent Fee	Scholarship \$ Awarded	Fund to Use	
(Example) CAMP SPIRIT	116502-A1	131					
(Example) DINER'S CLUB	116514-A4	35					

OFFICE USE ONLY:

VERIFY THAT FORMS ARE FILLED OUT COMPLETELY AND ALL REQUIRED DOCUMENTS ARE ATTACHED. GIVE COVER PAGE TO PARENT.

HH # _____ (for returning customers) DATE RECEIVED: _____

STAFF ACCEPTING DOCUMENTS: _____ LOCATION: (circle one) BMC DCC HC LRC SCC TC ROUTE

ALL SCHOLARSHIP APPLICATIONS TO TOM GILBERT.