

Camper Application

South Carolina National Guard Youth Camp

26 JULY – 1 AUGUST 2009

APPLICATION MUST BE SUBMITTED by 1 June 2009

Youth's Name: _____ Date of Birth: _____ Age: _____
(As of July 20, 2009)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____ Email Address: _____

T-shirt size: (child sizes) ? Small (Size 6 – 8) ? Medium (Size 10 -12) ? Large (Size 12-14)
(adult sizes) ? Small ? Medium ? Large ? X-Large ? XX-Large ? XXX-Large

Check Swimming Level: ? Does not swim ?Beginner ?Intermediate ?Advanced

Does camper have any dietary requirements/restrictions? ? Yes ? No

If yes, please specify: _____

Religion: _____ * Optional*

? Mother's Name ? Guardian's Name ? Other _____

(Last, First, MI)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Primary Email Address: _____ Alternate Email Address: _____

Is she a National Guard Member?: ? Yes ? No If Yes, Rank: _____ Title: _____

Currently serving with which unit? _____ Last 4 of SSN: _____

Is soldier currently deployed? ? Yes ? No

Has the soldier recently returned from a deployment within the last 12 months? ? Yes ? No

? Father's Name ? Guardian's Name: ? Other _____

(Last, First, MI)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Primary Email Address: _____ Alternate Email Address: _____

Is he a National Guard Member?: ? Yes ? No If Yes, Rank: _____ Title: _____

Currently serving with which unit? _____ Last 4 of SSN: _____

Is soldier currently deployed? ? Yes ? No

Has the soldier recently returned from a deployment within the last 12 months?: ? Yes ? No

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Emergency contact Information:

Emergency contact: _____ Relationship to Child: _____
Emergency Contact Telephone Number(s): _____

Alternate emergency contact, if person(s) listed above cannot be reached:
_____ Relationship to Child: _____ Emergency Contact
Telephone(s): _____

Parents: In-processing will begin at approximately 1300 (1:00pm) on Sunday, 26 2009 @ the McCrady National Guard Training Center – 5395 Leesburg Road, Eastover, SC 29044

Will you attend the in-processing with your child? ? Yes ? No

If no, who will bring your child to camp? _____

Closing Ceremonies will be held on Saturday, 1 August 2009 @ approximately 1000 (10:00 am) an exact time will be given at registration.

Will you attend the Closing Ceremonies? ? Yes ? No

If no, who will pick up your child from camp? _____

Boys and Girls, ages 10-13, are invited to apply and must be a legal dependent of a South Carolina National Guard member/personnel and /or retiree. Grandchildren of Guard member/personnel will be considered after all dependents of Guard members/personnel.

Cost Of Camp: \$125.00 per child (**no refunds** unless camper is not selected).

Camper Fee Includes: Meals, T-shirts, Lodging, and Craft Supplies – No other money is required

*****Note Campers Should Not Bring Money To Camp***:**

Please return application, \$125.00 fee, health record, copy of medical insurance card, and medical treatment permission form to:

**South Carolina National Guard Family Programs
ATTN: Youth Camp Director/STOP # 18
1 National Guard Road
Columbia, SC 29201-4766**

For further information, you may contact COL (Ret) H. Arnold Price at (803) 806-2165 or Ms. Sherry Marsh at (803) 806-1641 from 7:30 am - 5:00 pm Monday through Friday (0730–1700).

Note: All applicants will be notified by mail whether or not they have been accepted. All checks for campers not accepted will be returned after 30 June 2009. Written details will be sent to campers and parents as to dates, times, in-processing locations, items to bring, etc.