

Teen Adventure Camp Application Form 2012

Camper Information

Camper Name _____
Gender _____
Birthdate _____
Camper Email Address _____

Guardian Information

Parent(s), Guardian: Please note: Custodial Non Custodial #2 Name (if different) Custodial Non Custodial
#1 Name(s) _____ Address _____
Address _____ City/State/Zip _____
City/State/Zip _____ Cell Phone _____
Cell Phone _____ Work Number _____
Work Number _____ Home Number _____
Home Number _____ Email _____
Email _____

Which trip are you interested in?

Trip I (June 30th – July 14th) Trip II (July 21st - August 4th) Senior Trip (August 11th - August 25th)

What camps have you attended in the past? How many summers each? _____

Please describe any health/physical needs you have which may require special attention (diet, allergies, medication, chronic joint pain, injury, sensitivity to heat, etc.)? _____

Please describe your previous camping experience. If you haven't had any, that's ok! _____

What overnight backpacking experience have you had? _____

What canoeing/rafting experience have you had? _____

Can you swim? _____

Are you comfortable in the ocean? _____

Why do you want to join the Teen Adventure Camp? _____

Anything else we should know? _____

I have included my \$200 deposit:

Thanks for your application. You will hear from us soon!

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