



Youth Name: _____ Date of Birth: _____ Age: _____

Address: _____

Parent Name: _____

Email Address: _____ Phone: _____

School: _____ Grade: _____

Type of Camp Attending: _____ Date of Camp: ____/____/____

What are the individual goals you hope to achieve by attending camp?

What does being in the outdoors mean to you?

How will summer camp help you be more successful in school?

Student Signature

Parent Signature

I hereby grant permission to to use photographs and/or video of me taken in publications, news releases, online, and in other communications related to the mission of Friends of Vicksburg Youth, Inc. Thank you!

Please complete this form and email to fovy1948@gmail.com