

Camper's Name: _____

May the camper be given: Tylenol No Yes

Is the camper allergic to bee/wasp stings? No Yes

Are there special diet considerations? (If yes, attach diet requirements) No Yes

May the camper's image be used for publicity (printed/electronic)? No Yes

Summer 2018 Sessions

√	Please select the week you would like to attend Camp Evergreen by placing a √ in the space provided.	
	June 4-8	Ages 18-40
	June 11-15	Ages 40 & up
	June 18-22	Ages 18-40
	June 25-29	Ages 40 & up
Closed the week of July 4th		
	July 9-13	Ages 7-18
	July 16-20	Ages 18-40
	Reserved for hand scheduling by Camp Evergreen staff.	
	July 30-August 3	Ages 7-18
	Reserved for hand scheduling by Camp Evergreen staff.	
	August 13-17	Ages 40 & up

√	Please indicate your request for a <i>second week</i> (if available) by placing a √ in the space provided.	
	June 4-8	Ages 18-40
	June 11-15	Ages 40 & up
	June 18-22	Ages 18-40
	June 25-29	Ages 40 & up
Closed the week of July 4th		
	July 9-13	Ages 7-18
	July 16-20	Ages 18-40
	Reserved for hand scheduling by Camp Evergreen staff.	
	July 30-August 3	Ages 7-18
	Reserved for hand scheduling by Camp Evergreen staff.	
	August 13-17	Ages 40 & up

All sessions begin on Monday at 9 AM and conclude on Friday promptly at 4 PM.

Camper's Physician: _____ Phone: _____

In case of emergency, I give Camp Evergreen permission to seek whatever medical assistance they feel is necessary to insure the welfare of the camper.

Parent/Guardian's Signature: _____ Date: _____

Return completed applications to: Camp Evergreen
2776 N. 31st Place
Sheboygan, WI 53083

Applications are due by March 15th, 2018

In the operation of Camp Evergreen, no person, as defined by program regulations, will be discriminated against because of race, sex, color, age, national origin, or handicap. Any person who believes that they have been discriminated against in any USDA related activity should write immediately to the Secretary of Agriculture, Washington, D.C. 20250