

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 2020 Sessions

Please select the week you would like to attend Camp Evergreen by placing a ✓ in the space provided below.

	June 1-5	Ages 18 & up
	June 8-12	Ages 40 & up
	June 15-19	Ages 18 & up
	Reserved for hand scheduling by Camp Evergreen staff.	
	June 29-July 3	Ages 7-18
Closed July 4 th – 12 th		
	July 13-17	Ages 40 & up
	July 20-24	Ages 18 & up
	July 27-31	Ages 40 & up
	August 3-7	Ages 7-18
	Reserved for hand scheduling by Camp Evergreen staff.	

I would like a second week if available.

Please indicate your request for a *second week* by placing a ✓ in the space provided below.

	June 1-5	Ages 18 & up
	June 8-12	Ages 40 & up
	June 15-19	Ages 18 & up
	Reserved for hand scheduling by Camp Evergreen staff.	
	June 29-July 3	Ages 7-18
Closed July 4 th – 12 th		
	July 13-17	Ages 40 & up
	July 20-24	Ages 18 & up
	July 27-31	Ages 40 & up
	August 3-7	Ages 7-18
	Reserved for hand scheduling by Camp Evergreen staff.	

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 13th, 2020

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