## APPLICATION for VFW YOUTH CAMP CAMP DAWSON KINGWOOD, WV August 4 – August 10, 2019

## COPY OF BIRTH CERTIFICATE REQUIRED!!!!!!!!!!!!!

ONCE THIS APPLICATION IS FILLED OUT AND RECEIVED BY THE VFW, A PACKET OF ADDITIONAL FORMS WITH BE SENT TO EACH CAMPER IN LATE JUNE. THIS APPLICATION OR QUESTIONS NEED TO BE DELIVERED TO A VFW POST, OR SENT TO:

P.O. BOX 9431

**KEVIN LIGHT – WV VFW QUARTERMASTER** 

**Butch Chipps – Youth Camp Director** 

3510 Wellington Drive

Hurricane, WV 25526 **SOUTH CHARLESTON, WV 25309** (304) 389-7190 cell (304) 768-7514 or sgtchipps@yahoo.com FAX (304) 768-1407 vfwqm@frontier.com All children attending the Youth Camp must be 11-13 (years of age) on June 15<sup>th</sup> prior to the start of Camp. All applications must be received before June 15<sup>th</sup> prior to the start of Camp. Parent/Guardian: PLEASE FILL OUT THE FOLLOWING INFORMATION (all lines must be filled out): Camper's Name:\_\_\_\_ Home Address: \_\_\_\_\_ City Zip Code Street State Telephone Number: \_\_\_\_\_Emergency Contact Number: \_\_\_\_ Email Address: \_\_\_\_\_Preference of Contact: Tele Email Camper's Shirt Size: Child Adult Size Girl:\_\_\_Boy \_\_\_\_ Parent/Guardian's Name: Height\_\_\_\_\_\_ Veight\_\_\_\_\_ Campers Birthday Mt\_\_\_\_\_ Day\_\_\_\_\_ Year/Age \_\_\_\_\_\_ How many years has camper attended the WV VFW Youth Camp? \_\_\_\_\_ Does Camper have any medical problems that require the camper not to participate in any camp activities?\_\_\_\_; if yes explain (use additional page if necessary) \_\_\_\_\_\_ Does Camper have any dietary restrictions? \_\_\_\_; if yes explain (use additional page if needed) Sponsoring VFW Post: \_\_\_\_\_Camper MUST choose one of the following - would you rather attend: Self-Defense Course \_\_\_\_ or Hunter's Safety Course \_\_\_\_\_ I certify that the above information is correct:

Transportation to and from the camp is the responsibility of the VFW sponsor or parent/guardian. Camper will need all medical information sheets filled out by their doctor and permission to administer any medical treatment necessary to the Camper.

Signature of Parent/Guardian (date) \_\_\_\_\_