



Cowboy Camp Out Camper Application

Parents, please print and complete application in black ink.

For Office Use Only

Date Received:

Initial notification

Welcome packet sent

PLEASE RETURN THIS FORM TO:	Camp Casey 333 West Seventh Street, Suite 230 Royal Oak, MI 48067	Black River – June 10-12, 2011 <input type="checkbox"/>
		Double JJ – August 12-14, 2011 <input type="checkbox"/>

General Information:

Camper Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address			
City	State	Zip	
Birth Date	Age		
Home Phone	Parent's Email		
Mother's Name	Cell Phone	Work Phone	
Father's Name	Cell Phone	Work Phone	
Legal Guardian (if applicable)	Cell Phone	Work Phone	

Siblings' Names (continue on back if necessary)	Siblings' Ages

Background Info:

Has your child or children been horseback riding before? If yes, please explain experience.

Diagnosis:
 Diagnosis Date:
 Remission Date (if applicable):
 Hospital where receiving treatment:

How did you hear about Camp Casey?

Please note that submitting an application does not guarantee your family a spot at one of Camp Casey's retreats. Camp Casey's camper coordinator will be in touch with you after receiving your application.