APPLICATION for VFW YOUTH CAMP
CAMP DAWSON KINGWOOD, WV
June 26 – July 2, 2016

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

ONCE THIS APPLICATION IS FILLED OUT AND RECEIVED BY THE VFW, A PACKET OF ADDIONAL 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:

JOE NORRIS
P.O. BOX 156
ELEANOR, WV 25070
(304) 586-0973
joe@norcosgo.com

or

KEVIN LIGHT – WV VFW QUARTERMASTER
P.O. BOX 9431
SOUTH CHARLESTON, WV 25309
(304) 768-7514
vfwqm@frontier.com

All children attending the Youth Camp must be 11- 14 (years of age) on June 1st prior to the start of Camp. All applications must be received before June 15th prior to the start of Camp.

Parents: PLEASE FILL OUT THE FOLLOWING INFORMATION (all lines must be filled out):

Camper's Name: _____ Camper's Nickname: _____
Home Address: _____
Street City State Zip Code
Telephone Number: _____ Emergency Contact Number: _____
Email Address: _____ Camper's Shirt Size: Child __ Adult __ Size __
Parent/Guardian's Name: _____ Girl: ___ Boy ___
Height ____ Weight _____ Campers Birthday Mt____ Day ____ Year _____ Age _____
School Attend in 2015 – 2016 School Year _____
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) _____
_____
_____
Sponsoring VFW Post: _____
Camper MUST choose one of the following - would you rather attend:
TJ Bowing Self-Defense Course _____ or Hunters Safety Course _____
I certify that the above information is correct:

Signature of Parent/Guardian (date) _____
_____

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