APPLICATION for VFW YOUTH CAMP
CAMP DAWSON KINGWOOD, WV
July 8 – July 14, 2018

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 JUNE. THIS APPLICATION OR QUESTIONS NEED TO BE DELIVERED TO A VFW POST, OR SENT TO:

A W Bennett – Youth Camp Director
845 Delray Heights Circle
Delray, WV 26714
(304) 496-8369 cell
alfredwbennett@yahoo.com

or

KEVIN LIGHT – WV VFW QUARTERMASTER
P.O. BOX 9431
SOUTH CHARLESTON, WV 25309
(304) 768-7514 FAX (304) 768-1407
vfwqm@frontier.com

All children attending the Youth Camp must be 11- 13 (years of age) on July 8th. All applications must be received before July 8th 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: _____
Street City State Zip Code
Telephone Number:_____**Emergency Contact Number:** _____
Email Address:_____**Preference of Contact: Tele**_____**Email** _____
Camper's Shirt Size: Child___**Adult**___**Size** ___

_____

_____
Parent/Guardian's Name:_____**Girl:**___**Boy** _____
Height_____**Weight**_____**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: _____

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 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.