



CAMP ANYTOWN DELEGATE APPLICATION

APPLICATION DEADLINE: March 31st, 2019

CAMP LOCATION: Camp Lee Canyon Youth Resident Camp

CAMP DATES: May 9 - May 12 (overnight camp)

ELIGIBLE YOUTH: 10 - 12th grade students

COST: There is no cost for students to attend Camp Anytown - transportation will be provided to and from the campsite from a centralized location.

BUS INFORMATION: Students who are accepted into the program will leave Las Vegas on May 9 at 7:30 A.M. and return on May 12 at 4:30 P.M. No late arrivals will be permitted.

Application Guidelines: Incomplete applications will be NOT be processed.

All applications must be emailed to info@campanytownlasvegas.org or faxed to 702-534-5586 Attn: Rico Ocampo

Applicant Name:					Address:					
City:			State:		Zip Code:			Date of Birth:		
Applicant Cell Phone:					Applicant Email:					
T-shirt size:	XS	S	M	L	XL	2XL	3XL	Past Waitlist?	Yes	No
Applicant School Name:							Class:	Sophomore	Junior	Senior

The following information is asked for the sole purpose of assuring diversity at Camp Anytown. We ask that you respond as you self-identify.

Gender Identity (<i>circle all that apply</i>): Woman Trans-feminine Man Trans-masculine Non-binary Other										
If Other, please specify:					Preferred Gender Pronoun (<i>e.g. He, She, They, etc.</i>):					
Racial Identify (<i>circle one</i>):		African	Asian/Pacific Islander			Black/African American		Hispanic/Latinx		
Indigenous	Middle Eastern	Multiracial	Native American		White/Caucasian					
If responded Multiracial, please specify:										



Religious or Spiritual Identification:
Please select your preferred sleeping accommodations: Boys cabin Girls cabin Gender neutral cabin
<i>A confirmation phone call will be placed to verify the selection above</i>
Parent Signature:

We ask that each applicant obtain an endorsement from a teacher, counselor, principle, school administrator, student council adviser, coach, mentor, community member, or clergy. Applicants are unable to endorse themselves or be endorsed by family members/friends.

Name of Referring Individual:	Title:
Email Address:	Phone Number:
Parent/Guardian Name:	Parent/Guardian Phone Number:
Parent/Guardian Email:	Preferred way to contact? Email or Phone
Preferred language of your parent/guardian:	
Emergency Contact Name:	Phone Number:

Do you have any special needs or disability? Yes No
If selected Yes, please specify:
Medication(s) and Dosage:
Food or Drug Allergies:
Dietary Restrictions:



Applicant initials:

I understand submitting my delegate application does not grant me an automatic spot at Camp Anytown.

I understand Camp Anytown's application process is highly competitive and I may be placed on the wait-list. If so, I understand that I will be notified as soon as possible if a spot becomes available.

I understand if I am unable to attend Camp Anytown, I will notify the Director as soon as possible by calling 702-722-8517 or emailing rico@campanytownlasvegas.org so that another student may take my place.

I understand if I am selected to attend Camp Anytown and no call no show on the day of camp, I will not be allowed to apply to a future Camp Anytown.

I understand Camp Anytown is a drug-free and tobacco-free program and that there will be no smoking allowed on the bus or at Camp Anytown at any time. Failure to comply will result in my dismissal from camp.

I understand Camp Anytown is a technology free space and I agree to give up my cell phone during my time at camp. There is no cell reception on the mountain, however, there is a landline available for emergency use only.

Applicant Signature:

Parent/Guardian initials:

If accepted into the program, your student will be emailed an acceptance letter. Following receipt of this, please call or email to confirm attendance. This is required to reserve their space.

In the event of an accident or illness, which requires medical care, I give my permission to the attending licensed emergency medical technician and/or physician to order such medical attention as may be deemed necessary for my child.

I understand if my child is disruptive, refuses to eat, or repeatedly asks to go home and refuses to participate, I will be responsible for the transportation of my child.

I release Camp Anytown Las Vegas and the Interfaith Council of Southern Nevada of all liability for my participating student in the event of illness or injury.

Parent/Guardian Signature: