



CAMP ANYTOWN DELEGATE APPLICATION

APPLICATION DEADLINE: September 10, 2019

CAMP LOCATION: Camp Lee Canyon Youth Resident Camp

CAMP DATES: October 10 - 13 (overnight camp)

ELIGIBLE YOUTH: 10 - 12th grade students

COST: Students who get accepted into the program receive a full paid scholarship to attend. Transportation will be provided to and from the campsite from a centralized location.

BUS INFORMATION: Students who get accepted into the program will leave Las Vegas on October 10 at 7:30 a.m. and return on October 13 at 4:30 p.m. No late arrivals will be permitted.

Applications with missing information will not be processed. All applications must be emailed to info@campanytownlasvegas.org or faxed to 702-534-5586 Attn: Rico Ocampo

Applicant Full Name:	What name do you like to go by?							
Address:	City:	Zip code:						
Date of Birth:	T-shirt size:	XS	S	M	L	XL	2XL	3XL
Applicant Cell Phone:	Applicant Email:							
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 you selected other, please specify:			Gender Pronouns (<i>e.g. He/Him, She/Her, They/Them</i>):			
Racial Identity (<i>circle one</i>):		African	Asian/Pacific Islander	Black/African American	Hispanic/Latinx	
Indigenous	Middle Eastern	Multiracial	Native American	White/Caucasian		
If you selected multiracial, please list all racial identities:						



Religious Identification, Spiritual expression, or Humanist belief:			
Please select your preferred sleeping accommodations: Boys cabin Girls cabin Gender neutral cabin			
<i>If you selected Gender neutral cabin, a confirmation phone call will be placed to verify the selection.</i>			
Parent Signature:			

Each applicant must obtain an endorsement from a teacher, counselor, principle, school administrator, student council adviser, coach, mentor, clergy, youth organization, or government employee. Applicants are unable to endorse themselves or be endorsed by family members, friends, or Camp Anytown staff.

Name of Referring Individual:	Title:
Referring Individual Email Address:	Phone Number:

Parent/Guardian Name:	Parent/Guardian Phone Number:
Parent/Guardian Email:	Preferred way to contact? Email or Phone
What is your family's ethnic background (e.g. Syrian, Ethiopian, American)?	
How many individuals live in your home?	How many are under the age of 18?
What is your family household income? (<i>circle one</i>)	Under 20k 20-30k 30-40k 40-50k 50-60k
	60-70k 70-80k 80-90k 90k+
Emergency Contact Name:	Emergency Contact Phone Number:

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



Dietary Restrictions (circle all that apply):	Dairy Free	Diabetic	Gluten Free	No Pork	None
	Other	Pescatarian	Vegan	Vegetarian	

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:
