



## CAMP ANYTOWN DELEGATE APPLICATION

**APPLICATION DEADLINE:** February 28, 2020

**CAMP LOCATION:** Camp Lee Canyon Youth Resident Camp

**CAMP DATES:** April 11 -15, 2020 (overnight camp)

**ELIGIBLE YOUTH:** 10 - 12th grade high school students (Must reside in Nevada)

**COST:** Students who get accepted into the program are awarded a full paid scholarship to attend.

**APPLICATION INSTRUCTIONS:** Please ensure that each section is legibly written and filled out completely. Incomplete applications will not be processed.

**All applications must be emailed to [info@campanytownlasvegas.org](mailto:info@campanytownlasvegas.org) or faxed to 702-534-5586 Attn: Rico Ocampo**

Applicant Full Name:	Date of Birth:		
What name do you like to go by?	T-Shirt size:		
What are your gender pronouns?	He/Him	She/Her	They/Them Other: _____
What is your gender identity?	Woman	Trans-feminine	Man Trans-masculine Non-binary Other: _____
Applicant Address:	City:	State:	Zip code:
Applicant Cell Phone Number:	Applicant Email:		

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 a former Camp Anytown delegate, family member, friend, or Camp Anytown volunteer.

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

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

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:				
What is your religious identification or spiritual expression?				
How many languages do you speak?		What are they?		
Which language(s) do you speak fluently?				



Applicant School Name:	Class:	Sophomore	Junior	Senior	
How many individuals live in your home?	How many are under the age of 18?				
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+	

Parent/Guardian Name:
Parent/Guardian Phone Number:
Parent/Guardian Email:
Preferred way to contact?      Email   or   Phone
What is the preferred language of your Parent/Guardian?
Emergency Contact Name:
Emergency Contact Phone Number:

Do you require any special accommodations?	Yes	No
If you selected yes, please specify:		
Are you currently taking medication?	Yes	No
If selected yes, please list all current medication and dosages:		
Do you have any food or drug allergies?	Yes	No
If selected yes, please list all food and drug allergies:		

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



## NEW CANCELLATION POLICY FOR STUDENTS

Since 2007, our fundraising efforts have allowed us to offer our program at no cost to 140 high school students in the state of Nevada every year. Due to last minute cancellations and students failing to show up for camp without proper notification, we've implemented a new cancellation policy. This policy states that students who get accepted into the program and cancel 5 days before the start of camp or no call no show will need to repay their \$400 scholarship.

Each year, we receive over 500 student applications, however, due to limited space, we are only able to accept 70 students per camp and our goal is to always be at full capacity. In order to continue offering this program for free, we need to prove to our donors that all funded slots are consistently being filled.

By signing below, you are certifying that you have read the cancellation policy.

Applicant Signature:

Parent/Guardian Signature:

## Sleeping Accommodations

Camp Anytown welcomes all students, regardless of their gender identity and/or expression. In order to create welcoming and safe spaces that respect the full gender spectrum, we offer a gender inclusive cabin which houses campers of different sexes and gender identities. We offer traditional single-gender cabins as well! Please select the cabin that fits best with your needs. Unfortunately, single rooms are not available at camp.

<b>Circle all that apply</b>	Boys cabin only	Girls cabin only	Gender Inclusive cabin only
	Boys OR Gender inclusive cabin	Girls OR Gender inclusive cabin	

Parent/Guardian Signature:

Have you ever been placed on our waitlist?    Yes    No

If you circled yes, please indicate which camp:



**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 waitlist. 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](mailto: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 or cancel 5 days before camp, I will be responsible for paying back the \$400 scholarship.

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.

Applicant Signature:

**Parent/Guardian initials**

I understand if my student is selected to attend Camp Anytown and no call no shows on the day of camp or cancel 5 days before camp, I will be responsible for paying back the \$400 scholarship.

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, repeatedly asks to go home, or refuses to participate, I will be responsible for picking up my child from Camp Lee Canyon Youth Resident Camp located on 6201 Lee Canyon Rd. Las Vegas, NV 89124

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

Parent/Guardian Signature: