



CAMP BOLD 2020 CAMPER APPLICATION

Office Use
 Date Received: _____
 Session: 1 2 3 4
 Payment: _____

Camper Name:		Date of Birth:	
Address (street):	City & State:	Zip Code:	Age:
Parent(s)/Guardians(s) Name:		Grade for 2020-2021 School Year:	
Best Contact Phone Number:		School:	
Emergency Contact Name and Phone Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email Address:		Ethnicity/Race: Language (primary):	
Session (all sessions are from 8:30 a.m. to 12:00 p.m.): <input type="checkbox"/> Week 1 - June 16 - 19, 2020 (ages 3 to 6) *four-day session <input type="checkbox"/> Week 2 - June 22 - 26, 2020 (ages 7 to 9) <input type="checkbox"/> Week 3 - July 6 - 10, 2020 (ages 10 to 14) <input type="checkbox"/> Week 4 - July 13 - 17, 2020 (adults ages 15 and older)		T-Shirt Size of Camper (circle one) Youth – XSM SM M L Adult – SM M L AXL A2XL A3XL Other _____	
Toileting Abilities: <input type="checkbox"/> Needs to be changed <input type="checkbox"/> Needs some assistance <div style="text-align: center;"><input type="checkbox"/> Independent</div>		Sensitivities that your child may have: <input type="checkbox"/> Noise <input type="checkbox"/> Light <input type="checkbox"/> Smell <input type="checkbox"/> Fabrics Other: _____	
Medical Conditions Camp Staff Need To Be Aware Of:		Medications Camp Staff Need To Be Aware Of:	



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Camper Name:

Let us know any additional information that will help the Camp BOLD staff make your camper's experience amazing. **(Even if your camper has been coming to camp for years, please remind us of important information about your child.)**

Allergy and Diet Information – We need specific information on your camper's allergies and dietary needs. **(Even if your camper has been coming to camp for years, please remind us of his/her allergies and dietary restrictions.)**

Camp Fees:

\$75 for The Arc NWMS members

\$100 for non-members, which includes the \$25 annual membership fee for The Arc NWMS

Pay by check:

Make your check out to "The Arc NWMS"

Mail your check with your application to 5699 Getwell Road, Building G, Suite 1 Southaven, MS 38672 or

Bring it to our office at 5699 Getwell Road, Building G, Suite 1, Southaven, MS 38672

Pay online:

Click the "DONATE" button on our website to pay with Beyond our online payment processor, www.thearcnwms.org

- In the notes section, please provide the camper(s) name and say for Camp BOLD.

Camp and membership fees must be paid by May 22, 2020 to hold your camper's spot for Camp BOLD.

Scan and email applications to: rebecca@thearcnwms.org

Mail applications to: CAMP BOLD, 5699 Getwell Road, Building G, Suite 1, Southaven, MS 38672

Hand deliver applications to The Arc NWMS office: 5699 Getwell Road, Building G, Suite 1, Southaven, MS 38672

Camper Applications are due by May 22, 2020.