



Business and Professional Women Summer Camp Application

Camper's Name: _____ Age: _____

Phone number: _____ Email address: _____

Grade entering this fall: _____ School: _____ T-Shirt size: _____

Name of Parent(s)/Guardian(s) _____

Address: _____
Street City Zip Code

Phone number: _____ Email address: _____

** Identify 2 Careers that interest you? 1. _____ 2. _____

Enrollment is limited. Applications will be accepted on a first-come, first served basis. Please complete the Permission Form below and return to bpwmwmla@gmail.com.

Permission Form

I hereby give permission for _____ (Camper's name) to attend the BPW Camp and if necessary, received emergency treatment at a local medical center or any hospital or doctor the organization deems appropriate.

Parent/Guardian Signature: _____

Medical Insurance Company: _____ Policy #: _____

Please provide the name and phone number of an "emergency contact" person in case parent/guardian cannot be reached.

Name: _____ Emergency contact number: _____

For office use Only:

Date Registered _____ Medical treatment release formed signed: Yes ___ No ___