



The leadership camp will explore the follow:

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Goal Setting  
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—————  
Career Preparation  
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—————  
Financial Literacy  
—————

—————  
Team Building  
—————

—————  
Dressing for Success  
and much more.

*Monroe - West Monroe Business and Professional Women*

Leadership Program for Young Ladies

# ***CAMP BPW***

**ONE DAY CAMP FROM 8:30 AM – 3:00 PM**

**Camp BPW** is a *free* one-day program for young ladies *ages 14-18* interested in learning about real-world strategies designed to prepare them for adult life.

**The Camp will be offered to 30 young ladies.**

**DATE, TIME AND LOCATION TO BE ANNOUNCED**



**CONTACT PERSON:**

**ANGIE JACKSON-WILSON**

**318 348 – 1681**

**or**

**[bpwmwmla@gmail.com](mailto:bpwmwmla@gmail.com)**

**Come join the excitement!**



# 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](mailto:bpwmwmla@gmail.com) by APPLICATION DEADLINE**

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## *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 \_\_\_