



Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Name and Location of the summer camp you would like to attend.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us why you want to attend this camp.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you think you would learn from attending this camp?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



How would you apply what you learn at camp when you come back home?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Please return the completed application to

**Laura Button, Jenny Nixon, or Melissa Mracek**

**Sioux County Extension Office  
PO Box 277  
Harrison, NE 693416**

**Due by May 1<sup>st</sup>**