



# Catholic Youth Camp 2024



Student Full Name:	Parent Full Name:
Address Street: _____ City/State: _____ Zip code: _____	Phone Number: _____ 2 <sup>nd</sup> Number: _____ Email: _____
Birth Date:	Grade NEXT YEAR:
Shirt Size:	School NEXT YEAR:
Height:	Weight:

Is this your first year at CYC? Yes \_\_\_\_ No \_\_\_\_ How many years have you attended CYC? \_\_\_\_

Bunk Mate \_\_\_\_\_

*Which weeks are possible for this child to attend?*

## Elementary (3<sup>rd</sup> through 6<sup>th</sup> Grade next year)

June 4-7 (half week)

June 9-14

June 23 - 28

July 14-19 (limited girl space)

Aug. 4-9

Aug 11-14 (half week)

## Junior High (6<sup>rd</sup> through 9<sup>th</sup> Grade next year)

June 16-21 (limited girl space)

June 30- July 5

July 21-26 (limited boy space, girls is full)

## High School (9<sup>th</sup> through just graduated)

July 7-12

July 28- Aug. 2

Camp may cost up to \$350 per child with our discount. Please let us know how much you will be able to contribute for this child. (Circle one)

\$25 \$50 \$75 \$100 \$150 \$200 \$300 Other: \$ \_\_\_\_ I am not able to contribute money at this time.

**If possible, please send around \$10 with your child when he/she goes to camp. This money will be put into their “Canteen account” to use for snacks and art supplies throughout the week.**

Do you have medical insurance?    Yes   No

*Full Name of Policy Holder* \_\_\_\_\_

*Policy Holder Phone Number* \_\_\_\_\_

Health Insurance Company Information

*Insurance Company / Plan Name*

*Insurance Company Phone Number*

*Health Insurance Policy Number*

*Insurance Group Name or Number*