

Good Citizens Camp

Camper registration

Camper's Full Name: _____ DOB: _____ Gender: _____

Address: _____

(Street Address Apt/Unit # City, State, Zip Code)

Phone: _____

Food Allergies: _____

Email: _____

Parent's Name: _____

Phone: _____ Email: _____

Weeks Applying For: _____

5/25/26-5/29/26 OR 8/3/26-8/7/26 OR Both

Name of School: _____ Favorite Subject: _____

Goals for Growth (if known): _____

Parent's Signature: _____ Date: _____

I certify that my answers are true and complete to the best of my knowledge.

Please submit this form as well as a short essay (1-2 paragraphs) to qualify for this
\$10/week/child camp to goodcitizencamp@gmail.com



<https://square.link/u/V5qw4szD>

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Short Essay

Topics for the short (1-2 paragraph essay) are:

- Things I'm currently struggling with.
- Why this camp would benefit me and my story.
- Some of your short term or long term life goals.