

Camper Application for 2016 Camp Rocky

Please complete ALL items - Leave NO Blanks



Name: _____

Address: _____

City: _____

State: _____ Zip Code _____

Phone: (____) _____

E- Mail: _____

Age (as of 7/10/2016): _____

T-Shirt Size (adult) _____

School name: _____

School location: _____

General

Parent(s)/Legal Guardian information:

Name: _____ Phone: (____) _____

Address: _____ Alt. Phone: (____) _____

City: _____ State: _____ Alt. Phone: (____) _____

E-mail: _____

To be completed by participant (attach additional pages if needed):

1. In what groups, organizations or activities have you or do you participate? Identify leadership positions held.

2. What do you consider your greatest accomplishment at this point in your life?

3. Why do you want to come to Camp Rocky and what do you hope to take away from your camp experience?

4. Describe a natural resource issue that is important to you.

5. Have you attended Camp Rocky in the past? Yes_____ No_____

6. If so which Natural Resource unit/area and year did you participate in?

_____Forest Management _____Rangeland Science
_____Soil & Water Conservation _____Fish/Wildlife Mgmt
_____Recreation Management

2016 NATURAL RESOURCE GROUP PREFERENCE

Indicate 1st, 2nd, 3rd, 4th and 5th preferences. We will try to assign participants their first choice based upon their application date and previous participation.

_____ Forest Management _____ Rangeland Science
_____ Soil & Water Conservation _____ Fish/Wildlife Mgmt

7. For returning campers only, describe how you have incorporated conservation into your life at home, school, or your community as a result of your previous Camp Rocky experience.

8. For new campers only, please include/attach a letter of recommendation from an adult other than a family member (i.e. teacher, 4H director, scout leader, etc.) with your application.

Parents/Legal Guardians*

Please share with us any concerns/questions you may have for your child attending our camp that would help us make their experience more enjoyable.

You are encouraged to contact your local conservation district or other organization for sponsorship. *If you have a sponsor*, please provide the following information.

Name: _____

Address: _____

Contact Person: _____

Participant Signature

Date

Parent/Legal Guardian Signature

Date

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Send this completed form along with a \$100.00 Deposit (Checks payable to: Colorado Association of Conservation Districts –CACD). Please email any questions to: amy.camprocky@gmail.com

**Mail to: Camp Rocky Co-Director
 Amy Gossman
 6689 S. Cherry Way
 Centennial, CO 80121**