

# 2020 Camp Rocky Camper Application

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_ **Camper Email:** \_\_\_\_\_

**Age** (as of 7/5/2019) \_\_\_\_\_ **Adult T-Shirt Size:** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **School Location:** \_\_\_\_\_

**Parents/Legal Guardian Info:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Alt Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Alt Phone:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

**To be completed by Camper:**

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

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2. What do you consider your greatest accomplishment to date?

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3. Explain why you are interested in attending Camp Rocky and what do you hope to gain from this experience?

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

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5. If you have previously attended Camp Rocky, which resource area did you participate in? Rangeland Science \_\_\_\_\_ Forest Management \_\_\_\_\_  
Soil & Water Conservation \_\_\_\_\_ Fish/Wildlife Management \_\_\_\_\_

**2020 Natural Resource Group Preferences:**

Please indicate your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> preferences. We will try to assign campers their first choice, based on application date, previous participation, and availability of discipline area.

Soil & Water Conservation \_\_\_\_\_ Fish/Wildlife Management \_\_\_\_\_  
Rangeland Science \_\_\_\_\_ Forest Management \_\_\_\_\_

**Parents/Legal Guardians:**

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

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We encourage all campers to contact your local Conservation District for potential scholarships. Please provide your local District's information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

District Manager/Person: \_\_\_\_\_

Camper signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send this completed form along with a minimum \$100.00 deposit.**

**Checks payable to:**  
**Colorado Association of Conservation Districts:**

**CACD, P. O. Box 1175, Lamar, CO 81052**

**Please email any questions to:**  
[amy.camprocky@gmail.com](mailto:amy.camprocky@gmail.com) or [executivedirector4cacd@gmail.com](mailto:executivedirector4cacd@gmail.com)

**Mail all forms to: CACD, P.O. Box 1175, Lamar, CO 81052**