



SUPPORTIVE SPECTATOR APPLICATION FORM

FIRST NAME	LAST NAME	MIDDLE INITIAL
STREET ADDRESS	PHONE NUMBER	
CITY	STATE	ZIP
DATE OF BIRTH	AGE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
T-SHIRT SIZE (Adult Size) <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> 2XLarge <input type="checkbox"/> 3XLarge (Youth Size) <input type="checkbox"/> Medium <input type="checkbox"/> Large		
CHILD(ren) NAME(s)		
STREET ADDRESS (If different from above)	PHONE NUMBER	
CITY	STATE	ZIP

TRAVEL INFORMATION

Each camper is responsible for own travel arrangements to camp; however, if arriving via airplane or bus, arrangements can be made in advance for pickups to be made at the airport or bus station. Please inform us of your situation.

HOW WILL YOU BE ARRIVING?	<input type="checkbox"/> Car/Driving Self	<input type="checkbox"/> Airplane	<input type="checkbox"/> Bus	<input type="checkbox"/> Other
WILL ASSISTANCE BE NEEDED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	EXPLAIN	
LODGING <input type="checkbox"/> Hotel (On your own)				

PAYMENT INFORMATION

Payment in full is required with this application form. Space is limited, be sure to apply early to secure your reservation. Make Checks Payable to: Champion's Choice Camps.

Supportive Spectator CAMP FEE:	<input type="checkbox"/> \$95 Sheep	<input type="checkbox"/> \$95 Pig	<input type="checkbox"/> \$95 Steer	<input type="checkbox"/> \$95 Goat
CHECK IS ENCLOSED	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CHECK #	CHECK AMOUNT \$
SEND PAYMENT AND APPLICATION TO: Champion's Choice Camp, Attn: Tracy Dendinger, 39 Miami Trace Rd. NW, Washington CH, Ohio 43160				
SIGNATURE				DATE