

CAMP CELEBRATION
RISING 3'S APPLICATION FORM
2025

CHILD'S NAME _____

DATE OF BIRTH _____ Male Female (please circle)

Parent/Guardian #1 Name _____

Parent/Guardian #2 Name _____

Address _____

Best email contact for Camp info: _____

Parent #1 Phone _____

Parent #2 Phone _____

PLEASE SELECT YOUR WEEKS BELOW AND RETURN THIS APPLICATION ASAP.
CAMPERS ARE ACCEPTED IN ORDER OF THE RECEIPT OF THIS APPLICATION.

_____	WEEK 1	MAY 27, 28, 29, 30 Tuesday, Wednesday, Thursday, Friday 9:00 AM - 11:30 AM
_____	WEEK 2	June 2,3,4,5 Monday, Tuesday, Wednesday, Thursday 9:00 AM - 11:30 AM
_____	WEEK 3	JUNE 9,10,11,12 Monday, Tuesday, Wednesday, Thursday 9:00 AM - 11:30 AM
_____	WEEK 4	JUNE 16,17,18,19 Monday, Tuesday, Wednesday, Thursday 9:00 AM - 11:30 AM

The cost for each week is \$175
Camp may be paid for on a weekly basis.
Weeks may be added, if space is available

