

Registration Fee Paid: (Check #) _____
(Amount) _____

Camper's Name: _____

Please Circle Camper's Requested T-Shirt Size:

YS YM YL S M L XL XXL

MY CHILD / YOUNG ADULT WOULD LIKE TO BE:

Counselor (please check one of the following)

_____ Jr. Counselor (Must be 12 years or older, and have attended camp before). Jr. Counselors are required to attend ONE volunteer/employee training session. Please choose one of the below sessions to attend: Wednesday, July 26th at 5:30 pm OR Saturday, July 29th at 10 am. Trainings will be held at The Arc of Natrona County office (355 N Lincoln St.).

_____ Sr. Counselor (Must be 15 years or older, and have attended camp or have previous experience working with individuals with disabilities). Sr. Counselors are required to attend ONE volunteer/employee training session. Please choose one of the below sessions to attend: Wednesday, July 26th at 5:30 pm OR Saturday, July 29th at 10 am. Trainings will be held at The Arc of Natrona County office (355 N Lincoln St.).

Camper (please check one of the following)

_____ My camper requires no assistance

_____ My camper receives Waiver services through the Arc, and I would like to access these services.

_____ My camper does not receive services; however, s/he will need assistance at camp. This assistance may be provided by a junior/senior counselor. (If a certified Arc employee is available, they will be a choice).

_____ I would like my camper to have his/her independent provider accompany s/he to camp. (While independent providers are welcome at Arc camp, there is a daily fee of \$5 to cover food and other expenses. This payment will be due with the camp application fee/Arc membership). Please remember that independent providers must attend ONE volunteer/employee training session. Please choose one of the below sessions to attend: Wednesday, July 26th at 5:30 pm OR Saturday, July 29th at 10 am. Trainings will be held at The Arc of Natrona County office (355 N Lincoln St.).

Camper's Name: _____



Arc Camp Weekly Schedule

My camper/counselor will be attending the following days/times:

_____ My camper/counselor will be attending camp **full time**, Monday 7/31/23 through Friday 8/4/23, 8:00A.M. – 5:00P.M.

_____ My camper/counselor will be attending camp **part time**. Please fill out schedule below.

Monday
(7/31/23)

Tuesday
(8/1/23)

Wednesday
(8/2/23)

Thursday
(8/3/23)

Friday
(8/4/23)

Overnight Stay

_____ My camper/counselor is **12 years of age or older**, and wishes to participate in the overnight stay on August 4, 2023.

Transportation

_____ Due to the change in CATC and City Bus transportation we are unable to guarantee transportation, for those with mobility needs, from home to Shepard of the Hills Church (to meet before transport up the mountain). If this is an **absolute need, and your child has mobility needs (utilizes a wheelchair)** please check this line and we will let you know if we are able to make this work.