For Office Use Only:   
  
 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: Thursday, August 1st at 6:00 pm OR Saturday, August 3rd at 9:00am. 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. Thursday, August 1st at 6:00 pm OR Saturday, August 3rd at 9:00am. 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 $15 to cover crafts, food and other expenses. This can be paid daily or weekly, but is required before arrival at camp. Please remember that independent providers must also have a current Arc membership, and attend ONE volunteer/employee training session. Thursday, August 1st at 6:00 pm OR Saturday, August 3rd at 9:00am. 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 8/5/19 through Friday 8/9/19, 8:00A.M. – 5:00P.M.

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

**Monday Tuesday Wednesday Thursday Friday** *(8/5/19) (8/6/19) (8/7/19) ( 8/8/19) (8/9/19)*

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

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**Overnight Stay**

\_\_\_\_\_\_\_\_ My camper/counselor is **12 years of age or older,** and wishes to participate in the overnight stay on August 9, 2019.

**Transportation**

\_\_\_\_\_\_\_\_ I wish for my camper/counselor to be transported from my house to Shepherd of the Hills Presbyterian Church and to be transported to my home at the end of the day. **THIS SERVICE IS ONLY PROVIDED TO INDIVIDUALS WHO HAVE MOBILITY CHALLENGES-PARENTS/GUARDIANS ARE RESPONSIBLE FOR PROVIDING TRANSPORTATION TO AND FROM SHEPHERD OF THE HILL PRESBYTERIAN CHURCH.**