

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:

\_\_\_\_\_ 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: Tuesday, July 29<sup>th</sup> at 5:30 pm OR Sunday, August 3<sup>rd</sup> at 12:00 pm. 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: Tuesday, July 29<sup>th</sup> at 5:30 pm OR Sunday, August 3<sup>rd</sup> at 12:00 pm. 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 8/4/25 through Friday 8/8/25, 8:00 A.M. – 5:00 P.M.

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

**Monday**  
(8/4/25)

**Tuesday**  
(8/5/25)

**Wednesday**  
(8/6/25)

**Thursday**  
( 8/7/25)

**Friday**  
(8/8/25)

\_\_\_\_\_

## Overnight Stay

\_\_\_\_\_ My camper/counselor is **12 years of age or older**, and wishes to participate in the overnight stay on August 8, 2025.

## Transportation

\_\_\_\_\_ If your child has mobility needs (utilizes a wheelchair) and needs a ride from home to the **Shepherd of the Hills church**, please check this line and we will let you know if we are able to make this work.