

2020 Bobcat Camp Date Commitment Form

Camper Name: _____ Camper DOB: _____

Parent/Guardian Information:

Name: _____

Address: _____

Email Address: _____ Phone: _____

County Service Coordinator/Adult Funding Service Coordinator Information:

Name: _____ County/Funding Source: _____

Phone: _____ Email: _____

Please select the weeks you would like to enroll your child in Bobcat Camp:

- | | |
|---|---|
| <input type="checkbox"/> March 23 – March 27 (Spring Break)
<input type="checkbox"/> June 11 – June 12
<input type="checkbox"/> June 15 – June 19
<input type="checkbox"/> June 22 – June 26
<input type="checkbox"/> June 29 – July 3
<input type="checkbox"/> July 6 – July 10
<input type="checkbox"/> July 13 – July 17 | <input type="checkbox"/> July 20 – July 24
<input type="checkbox"/> July 27 – July 31
<input type="checkbox"/> August 3 – August 7
<input type="checkbox"/> August 10 – August 14
<input type="checkbox"/> August 17 – August 21
<input type="checkbox"/> November 27
<input type="checkbox"/> December 23-24; December 28-31
(Winter Break) |
|---|---|

If requesting less than 5 days/week, detail dates requested below:

Parent/Guardian Signature and Date

Approved by (TRS Staff) Signature and Date

