

Wenatchee School District Sports Camp/Clinic Application

This application must be completed and approved by the school board prior to the start of any activity including pre-registration. Please include a prior year's camp flyer if you have one.

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| 1. _____
Type of Camp | 2. _____
Purpose of Camp |
| 3. _____
Group Sponsoring Camp | 4. _____
Camp Location |
| 5. _____
Name of Clinician | 6. _____
Address of Clinician |
| 7. _____
Date(s) of Camp | 8. _____
Number & Types of Sessions |
| 9. _____
Age (Grade) of Participants | 10. _____
Cost Per Participant |
| 11. _____
Anticipated Number of Male Campers | 12. _____
Anticipated Number of Female Campers |
13. Is the insurance/liability statement to the parent/legal guardian included on the pupil registration form?
_____ Yes _____ No

_____ Camp Sponsor Signature	_____ Building Principal Signature	_____ District AD Signature
_____ Date of Signature	_____ Date of Signature	_____ Date of Signature

School Board Section

_____ Approved

_____ Rejected

Reason for Rejection:

_____ WSD Administrative Signature	_____ Date
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