

FERRUM COLLEGE ADVENTURE CAMP 2017 APPLICATION

NAME: _____

GENDER: M F BIRTHDATE: _____ AGE AS OF 7/1/2017: _____

NAME OF SCHOOL: _____ GRADE THIS YEAR: _____

LOCATION OF SCHOOL (CITY OR COUNTY): _____ PUBLIC PRIVATE

NAME OF PARENT(S) OR GUARDIAN: _____

MAILING ADDRESS: _____ ZIP CODE: _____

HOME PHONE: (_____) _____ PARENT'S DAYTIME PHONE: (_____) _____

PARENT'S EMAIL ADDRESS: _____

GRADES ON LAST REPORT CARD: _____

HOW DID YOU HEAR ABOUT FERRUM ADVENTURE? TEACHER FRIEND NEWSLETTER WEB SITE CAMP FAIR INTERNET SEARCH

OTHER

HAVE YOU ATTENDED FCSEC BEFORE? _____ IF YES, WHAT YEAR(S)? _____

If you wish to room with a friend, this request will be honored if both make the request to room together and both are

accepted. ROOMMATE REQUEST: _____

T-SHIRT SIZE: ADULT S M L XL XXL

If you have friends who would like information, please list their names and addresses: _____



Include with your registration an essay describing why you would like to attend Ferrum College Adventure Camp. Your essay should also include a description of what you would hope to get out of your week at Ferrum College Adventure Camp.

ONE WEEK ONLY! June 25-July 1, 2017

SEND YOUR APPLICATION, CHECK AND ESSAY TO:

Ferrum College Adventure Camp

Ferrum College • PO Box 1000

Ferrum, Virginia 24088-9001