



PIEDMONT COMMUNITY COLLEGE
P.O. Box 1197
Roxboro, NC 27573
Person Campus: 336-599-1181/ Caswell Campus: 336-694-5707

Summer Camp Application

Application Date Due: Monday, June 19, 2017
****Please complete both sides of application****

STUDENT Last Name	First	Middle
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Street Address	City	County	State	Zip Code
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Sex: M F **Grade** ____ **(*Check camp description)** **Date of birth:** _____

Last School Attended: _____ **Allergies:** _____

Please provide us with the information below regarding your custodial parent or guardian. This information will be used in case of emergency. If you would like to designate a different/additional contact person, please write that contact (name and phone number) information at the bottom of this form.

Last Name	First
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Post Office Box or Complete Street Address	City	County	State	Zip Code
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Telephone Number(s) (cell and home)	E-mail address
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If you do not live with the person above, provide information about an adult with whom you do live:

Last Name	First	Middle	Relationship to you
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Telephone Number(s) (cell and home)	E-mail address
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Optional:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native American |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian (including Pacific Islander) | <input type="checkbox"/> other (specify) _____ |

(continued on back)

IMPORTANT: When you are filling in your choices for the camps you wish to attend, please check the brochure to be sure you fit into the appropriate age group. Your application(s) will be forwarded to the appropriate instructor, who will inform you whether you have been accepted. If you wish to attend more than one camp, please fill in an additional choice. Any camp fees will be collected by the instructor.
NOTE: All camps will require an orientation at which a parent/adult must be present. In addition, parent/adult must sign this form before it is sent to the appropriate campus. The workshop instructor will inform you when and where the orientation will be held.

PLEASE WRITE IN 1st and 2nd Choices.

DATE	NAME OF CAMP

****Signature of Parent/Guardian (please sign and print name) Date**

MAIL, E-MAIL or HAND DELIVER TO: **Amy Harris**
Piedmont Community College
P.O. Box 1197
Roxboro, NC 27573
amy.harris@piedmontcc.edu
For information call: 336-599-1181 ext. 2212