

Camper InformationFull Name: _____ Date: _____
*Last First M.I.*Address: _____
*Street Address Apartment/Unit #*_____
City State ZIP Code

Phone: _____ Email: _____

Age (Time of Camp): _____ Date of Birth: _____

Parent/Guardian Information

Full Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Camp Information**Which camp are you applying for:**Camp 1 (June 12th – 23rd)Camp 2 (July 10th – 21st)**Are there other siblings in the camp?** YES ☐ NO ☐ If yes, who? _____**Are you interested in being a mentor?** YES ☐ NO ☐

Mentors are returning campers ages 14-16 who are interested in being a liaison between new campers/younger campers and counselors. Mentors will NOT be eligible for the camp bands but, are still eligible for all other performance opportunities throughout the year.

How did you hear about Girls Rock Des Moines?

Instruments

First Choice Instrument:

Electric Bass
Guitar
Drums
Keyboard
Vocals
Other

**Please note that your camper may not receive their first or even second choice instrument, though we will do our best.*

Second Choice Instrument:

Electric Bass
Guitar
Drums
Keyboard
Vocals
Other

Third Choice Instrument:

Electric Bass
Guitar
Drums
Keyboard
Vocals
Other

Does your prospective camper have experience with any of these instruments? If so, please describe.

Do you plan to bring your own instrument?

YES
☐

NO
☐

Additional Information

Camper T-Shirt Size:

Child 10/12
Adult S
Adult M
Adult L
Adult XL

Race/Ethnic Identity:

Asian/Pacific Islander
Black/African American/Caribbean American
Chicana/Latina
Middle Eastern/Arab American
Native American
White/European American
My preferred identity is written below

Creating a group of campers that reflects the diversity of our communities is a camp priority. In addition, some of our funders require the racial/ethnic and economic composition of our camp population to be documented. Providing the following information will help us meet our diversity goals and help us continue to receive funding for future camp sessions. Please check ANY AND ALL that apply OR skip this question and WRITE IN your preferred identity.

Does the camper have any medical conditions, allergies, emotional/behavioral issues, or any other issues that the staff should know about? This is very important information, as it helps us provide the best care and supervision we can. All medical/behavioral information will be kept confidential. Please include any medications the camper is taking.

How will you be paying membership dues:

In Full (\$300 / year)
Quarterly (\$75 / quarter)
Monthly (\$25 / month)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____

