

# Convent Camp Out

Application  
Friday June 12 to Saturday, June 13, 2009

Name of Applicant \_\_\_\_\_

Name/s of Parent/s or Guardian/s \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Alternative Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

School Attending in Fall \_\_\_\_\_

Circle Grade Level in Fall      7      8

Name of Parish \_\_\_\_\_

In the space provided below, in about 25 words, please explain why you want to participate in this program:

- ◆ This application must be accompanied by a letter of recommendation from a pastor, a member of the pastoral staff or a teacher.
- ◆ This application must also be accompanied by an Archdiocese of Milwaukee Overnight Field Trip Permission Form and the \$25 camp fee.
- ◆ Mail to: Susan Kurek  
3257 S. Lake Drive  
St. Francis, WI 53235

