

Farm Camp Project

Planting Seeds, Feeding Souls

126 Arizona Avenue, East Galesburg, Illinois 61430

	DATE:							ATE:			
CAMP	ER/INTERN APPLIC	ATION FOR	M								
	write clearly.										
1.	Name:		Nickname:								
	Last Name	Firs	First Name								
2.	Date of Birth (mm/d	dd/yyyy)	/_	/_		Curre	ent A	\ge			
3.	Address:			City,	State Zi	р					
	Camper/Intern Phone Numberemail Parent/Guardian Name:										
6.	Parent/Guardian Address (if different from yours):									-	
7.	Parent/Guardian Phone Number			email							
8.	T-shirt Size:	You	th		A	dult					
	(circle one)	XS	S	М	L	XL	Х	(XL (adult only)			
7	g To Know You. <i>Plea</i> are your hobbies or in		-								
Do you	have a fear of 🗌 Bu	ıgs, 🗌 Snak	es,	Mam	mals, [Spide	ers,	No fear			
Would	you describe yoursel	f as 🗌 Outg	oing or	· 🗌 Sh	y Why	?				_	
Have y Spurge	NS ONLY) ou ever volunteered on Garden's Farm Ca ficate of Completion	mp Project w	/ill prov	vide the	e follow	_			s Volunte	ered	
Comple	r tuition is \$300.00 whi te the reverse side of t read and understood	his application	to be i	ncluded	l in schol	arship di	istrib	ution.			able
–––– Parent,	/Guardian Print Nam	 е		P	arent/G	uardian	n Sigi	nature			
I unders	stand the nature of The t.	Farm Camp P	roject: I	Planting	g Seeds, F	eeding S	Souls	that I will be attend	ding. I acce	ept the camp cod	le of

Date

Rev. 01/16/23

Camper's Signature