

Please indicate with an (X) which week(s) of camp you would like to attend

All Summer _____

Week 1 _____ (June 4-8)

Week 2 _____ (June 11-15)

Week 3 _____ (June 18-22)

Week 4 _____ (June 25-29)

Week 5 _____ (July 2-3, July 5-6)

* Closed Wednesday July 4th *

Week 6 _____ (July 9-13)

Week 7 _____ (July 16-20)

Week 8 _____ (July 23-27)

Week 9 _____ (July 30- Aug. 3)

Note: Additional Information will be required from parent/guardian on first day of camp, please allow yourself 5-10 minutes to fill out the required paperwork

Contact Information:

Chances And Services for Youth
1101 S. 13th St.
Terre Haute, IN 47802

Phone: (812) 232-3952 ext. 49
Fax: (812) 232-1731

Visit us online at casonline.org
or on
Facebook & Instagram

This institution is an equal opportunity provider.

Camp RAVE Registration

Personal Information

Child's Legal Name: _____

(Please print the first and last name that is on their birth certificate)

Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Shirt Size: Youth: YS YM YL Adult: S M L

Demographic Information

Age: _____ Date of Birth: ____/____/____

Race: _____

Ethnicity: _____

Grade in Fall 2018: _____

School: _____

Gender: Male Female

Parent/Guardian Information

Parent/Guardian(s) listed below are authorized to pick up child, unless otherwise noted.

(1) Guardian Name: _____

Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

(2) Guardian Name: _____

Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Parent Signature: _____

