

Summer Fun Camp 2015

Leader(s):

Contact Number:

Contact Email:

Title of Camp:

Days, Dates, & Time(s):

Dates							Days	Time
June 15							<input type="checkbox"/> MON	<input type="checkbox"/> AM (8:30-12)
Su	M	Tu	W	Th	F	Sa	<input type="checkbox"/> TUE	<input type="checkbox"/> PM (12:30-4)
	1	2	3	4	5	6	<input type="checkbox"/> WED	
7	8	9	10	11	12	13	<input type="checkbox"/> THU	
14	15	16	17	18	19	20		
21	22	23	24	25	26	27		
28	29	30						

Entering Grades: PK K 1 2 3 4 5 6 7 8 9-10 11-12

Camp Objective:

Full Camp Description:

Supplies/Equipment to be furnished by school:

Campers will need to bring:

Class Capacity:

Transportation Needed:

Other Notes:

Completed by School

Camp Code:

Specific Location:

Cost per camper:

For questions or further information, please contact:

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