



**YOUNG ADULT CAMP  
CAMP SACRAMENTO**

**June 15-June 18, 2009**

**(Monday-Thursday) \$520.00**

Open to Young Adults with disabilities

**THIS CAMP IS VENDORED THROUGH THE  
REGIONAL CENTER Vendor # HAO611**

**Application Form**

*Young Adult Camp 2009*

NAME \_\_\_\_\_ M  F  AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_ Cell # \_\_\_\_\_

Campers Disability and Special Info (be specific) \_\_\_\_\_

Emergency Contact and Number \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**T-Shirt Sizes:**

Adult S  Adult M  Adult L  Adult XL  Adult XXL

Liability Release: I agree to hold the City of Sacramento, their directors, employees and committeemen harmless of any nature whatsoever for accident or injury to participants/myself arising out of or in any way connected with participation in city programs. I agree to give my consent to any medical treatment deemed necessary by a doctor.

SIGNATURE OF CAMPER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**Regional Center Camp Fee Information : \$520.00**

Private Pay – Payment due upon submission of registration packet. Payment may be made by check or money order.

I will be paying by: Check \_\_\_\_\_ Money Order \_\_\_\_\_

Regional Center Client -You will receive a form to be submitted to your Regional Center Case Manager along with your registration packet

( ) I will be requesting Regional Center Support