



# Diocese of Wheeling-Charleston 2020 Camp Bosco Application

**COST: \$325**

Please make check payable to:  
DWC and mail it to the

Camper's Name \_\_\_\_\_ Gender M / F Date of Birth \_\_\_\_\_

Grade (*3<sup>rd</sup>-12<sup>th</sup> - at time of camp*) \_\_\_\_\_ Age (*at time of camp*) \_\_\_\_\_

**Please circle the week you wish to attend: July 5-11    July 12-18    July 19-25    July 26 - Aug. 1**

For 7<sup>th</sup>-9<sup>th</sup> Graders only: **(Please circle one)** Base Camp (*stay in the dorms all nights*) OR

Trail Camp (*1-2 night back-packing up the mountain*)

Parish or Church \_\_\_\_\_ School Attending \_\_\_\_\_

Has your child received his/her First Communion? Yes \_\_\_\_\_ No \_\_\_\_\_ Shirt Size \_\_\_\_\_ (shirts for sale at camp)

Parent's Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Best phone number where to be reached \_\_\_\_\_ Is this a cell number? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there any special medical or personal information we may need to know about your child (such as dietary concerns, allergies, prescribed medications, illnesses, family situations, social concerns, physical or etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

Crew Mate Request \_\_\_\_\_ How did you hear about Camp Bosco? \_\_\_\_\_  
(*must be in the same grade*)

### Insurance Information:

I understand that all medical expenses incurred by my son/daughter are my responsibility and should be directed to the attention of my insurance carrier.

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Policy # \_\_\_\_\_ Name on policy \_\_\_\_\_ Employer's name \_\_\_\_\_

Should my son/daughter, \_\_\_\_\_, need the services of a doctor, I authorize the camp directors to act on my behalf.

Emergency contact & number (*Other than parent required*) \_\_\_\_\_

I authorize that pictures taken may be used for advertising purposes for Camp Bosco. **Yes / No**

I authorize my child to do all activities, such as: horseback riding, zip-lining, climbing tower, swimming and giant swing with well-trained supervision. **Yes / No** (If No, please list which activity: \_\_\_\_\_)

Print Parent's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_



**Application and money must be returned to: Office of Youth & Young Adult Ministry, Attn: Heather Bise,  
PO Box 230, Wheeling, WV 26003**