

**Application for 2017 KJT Summer Youth Camp
SPJST ENC (COOPER FARMS) NEAR WALDECK
JULY 23TH THROUGH JULY 27, 2017
(9 - 12 Year Age Group)**

Applicants must be KJT members between the ages of 9 and 12, but less than 13 years of age as of July 1, 2017 to be considered. **Applications must be completed and forwarded to the KJT Home Office, PO Box 297, La Grange, Texas, 78945 by June 23, 2017.** Parents must furnish transportation to and from the campsite and approve of their child's participation. **A \$100 registration fee is required. The registration fee will be returned ONLY if the Home Office is notified by July 10, that the child will not be able to attend.** Eighty (80) campers will be selected. If more than 80 applications are received, priority will be given to those who have not attended in previous years. (Please print or type the following information.)

Camper's Legal Name: _____

Camper's Preferred First Name: _____ male female

Age: ____ Birthday: Mo. ____ Day ____ Yr. ____ T-Shirt Size: *Child Adult {S M L XL }*

Parent/Guardian's Name: _____

Home Mailing Address: _____

Home City, State, Zip: _____

E-Mail address: _____

(If an e-mail is listed, you will receive confirmation from this office by e-mail)

Daytime Phone: _____ Evening Phone: _____

If you previously attended a KJT Camp circle year(s) attended: 2014 2015 2016

Campers may request **ONE** cabin mate of the same sex. Your child's name must also appear on the cabin mate's registration. Only reciprocal requests will be honored.

Cabin mate (Name & City): _____

Parent/Guardian's Signature: _____ Date: _____

Camper's Signature: _____ Date: _____

I, _____, the parent/guardian of _____, a minor, hereby agree and authorize the CATHOLIC UNION OF TEXAS, THE K.J.T., to use any photographs of my son/daughter taken during the Annual KJT Summer Camp for publication in the *KJT News* or on the *KJT Website*.

Parent Signature

FOR OFFICE USE ONLY:
Society # _____
Status: _____