



JAMES BOWIE HIGH SCHOOL

❖ " *Pride in Performance* "❖

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"	"	Uguukap'3"	Lxpg': /32"
"	"	Uguukap'4"	Lxpg'37/39"
"	"	Uguukap'5"	Lxpg'44/46"

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F qpø'o ku'qw'#"Tgwtp'v'j g'gperqugf 'tgi kvtcvk'p'htqo 'vq'Dqy kg'J ki j 'Uej qqnl'6325'Y 0Urcwi j vgt' Ncpg. 'Cwukp. "VZ' "9: 96; "no later than April 1st!" "Ur ceg'ku'iko kvgf 'vq' "150 students" r gt 'uguukap0' Y g'y km'bo cng'gxgt { 'ghht'v'vq'ceeqo o qf cvg' { qwt 'htuv'ej qk'eg'qh'f cvgu'qp'c'htuv'eqo g. 'htuv'ugt'xgf " dcuku0'Rrgcug'lpf kecvg' { qwt '3^{uv}. '4^{pl}. 'cpf '5^{lf} "ej qk'egu'qh'f cvgu'cpf 'y g'y km'ugpf " { qw'y tkwgp' " eqph'to cvk'p'qh'v'j g'uguukap' { qw'ctg'vq'cwgp'f 0'

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A Recognized School of Excellence

CAMP BOWIE



...CLASS OF 2014

Form must be filled in completely. Thank you!

Student's Information

Last Name _____ First Name _____ MI _____ Student # _____

Mother's Information

Student's Address Also? Yes No

Last Name _____ First Name _____ MI _____ Home Phone _____

Address _____ Zip code _____ Work Phone _____

Father's Information

Student's Address Also? Yes No

Last Name _____ First Name _____ MI _____ Home Phone _____

Address _____ Zip code _____ Work Phone _____

Emergency Contact

Person 1: Last Name _____ First Name _____ Phone _____

Person 2: Last Name _____ First Name _____ Phone _____

Health Services Information

Student's Doctor _____ Clinic _____ Doctor's Phone _____

Special Medical Conditions/Allergies of Which the School Should be Aware _____ Clinic's Phone _____

Special Medical Procedures of Which the School Should be Aware _____ Student Has Insurance?

Medications Taken Regularly: At School _____ At Home _____ Yes
No

NOTE: Selecting UNABLE for a session may cause your student to be unable to attend Camp Bowie if the other sessions are full. All sessions reserved in the order received. Space is limited.

Please Indicate Your 1st, 2nd, and 3rd Preferences From These Sessions:

_____	Session 1	June 8-10	8:30-12:00
_____	Session 2	June 15-17	8:30-12:00
_____	Session 3	June 22-24	8:30-12:00