

during the entire program.

Signature



## **Qualities for Participants:**

- **❖** Current 8<sup>th</sup>-11<sup>th</sup> grade (entering 6-8<sup>th</sup> grades in fall 2021)
- \* Roman Catholic and interested in being more active in your Catholic faith community
  - \* Involved in school, community and faith activities
  - Interested in faith development, prayer and reflection
    - Open to new and diverse experiences
  - \* Mature, responsible, enthusiastic, team player and dedicated.

ersonal Information PART I	-	
Last name	First name	Nickname
Address		T-Shirt Size:
City	State	Zip
Home phone	E-mail	
Gender () male () female	Date of birth	Grade () 6th () 7th () 8th as of Fall 2021
arish Information ( if applicable)	•	
Parish name		Youth minister
Address		Pastor
City	State	Zip
School Information		
School name		Campus minister (if Catholic School)
Address		
City	State	Zip
Checks payable to: Pyramid Life Cer	uding the medical form whi re made. sent to:	ch 1-June 1: \$325 After June 1: \$350 ich needs to be signed by a doctor will be sen
Camp Breakawa PO Box 103 Paradox, NY 128	•	

**Applicant** I certify that all of the information given is correct to the best of my knowledge. I agree to attend to be present

date