

BCHMT YOUTH SUMMER CAMP APPLICATION

Camp Date: August 1-4, 2019

Location: Indian Meadows Guard Station~ Lincoln, MT



APPLICANT NAME: _____ **AGE:** _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

SPONSOR CHAPTER: _____

HORSE EXPERIENCE: ___None ___Slight ___Moderate ___High

BACK COUNTRY EXPERIENCE: ___None ___Slight ___Moderate ___High

WILL YOU HAVE TRANSPORTATION TO EVENT: ___Yes ___No

DO YOU HAVE ANY FOOD ALLERGIES: ___No ___Yes (please specify)

DO YOU HAVE ANY MEDICAL CONDITIONS: ___No ___Yes
(please specify) _____

PLEASE WRITE 3 SENTENCES WHAT WILDERNESS MEANS TO YOU:

**WHAT ARE YOUR HOBBIES? DO YOU CONSIDER A FUTURE IN THE
OUTDOORS, CONSERVATION OR FORESTRY:** _____

Please email completed application to montanakath@yahoo.com or gregschatzbuilder@gmail.com. More information will be sent to the successful applicants.