

2017 Bitterroot Culture Camp Application

Name: _____

Home Mailing Address:

Parent/Guardian's Name & Phone Number:

Email: _____

Grade & School:

Teacher we may contact as a reference:

Please answer the following questions and mail or email your response to us with this application. Be creative with your answers! Respond with a video or with write out your answers.

1. Tell us about yourself. What kind of activities do you like to do outside?
2. What would you like to learn about Native American cultures and/or history?

Parent Permission

I give my son/daughter permission to apply to participate in the Bitterroot Culture Camp. If selected, he/she can attend the summer camp on June 19th-23rd, 2017.

Printed Name of Parent/Guardian

Signature

Date

I would like to donate \$ _____ to Travelers' Rest State Park to assist with camp cost..

Please return this form completed and your answer submission to one of the above questions by June 9^h to:

Emma LaFave
Travelers' Rest State Park
PO Box 995
Lolo, MT 59847
trsp.americorps@gmail.com

Dana Hewankorn
The People's Center
PO Box 278
Pablo, MT 59855
danah@cstk.org