



WAITING LIST FORM

Please Print:

Participant's Name: _____ Grade _____ Age: _____ Birthdate _____

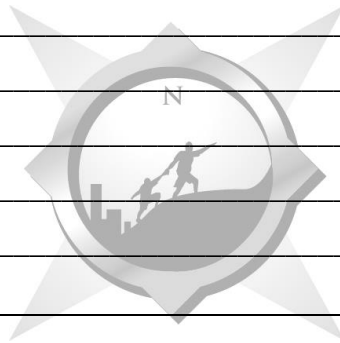
Address: _____

Contact Phone: _____ Alternate Phone: _____

Parent/Guardian's Name: _____ School _____

Email address: _____

ESSAY ----I want to join Camp Compass because.....



Office Use Only:

Date Registration received: _____ Time: _____ By Whom: _____

Date / Time contacted by Admin Dept.: _____ By Whom: _____

Instructor: _____ Date Assigned: _____ Other: _____

Notes:

Information Regarding Our Waiting List

A wait-list request grants permission to Camp Compass to enroll the student in the Academy if a seat becomes available.

Once you have completed this form and returned it you can expect a phone call if your child meets our selected criteria. Please make sure you provide us with the best contact number to reach you.