

**Collin County Adventure Camp
Letter of Intent**

Student's Name: _____
Please Print

1st Period Teacher: _____

**Please Return by
September 4, 2009**

_____ My child will attend the Collin County Adventure Camp Learning Opportunity in October of 2009. *(If you checked this line, please mark appropriate spaces below.)*

_____ I agree to pay the fee of \$165.00 by October 2, 2009

_____ I have attached payment

_____ I will send payment to school by October 2, 2009

_____ I want my child to attend, but need to request financial assistance.

_____ My child will NOT be attending Collin County Adventure Camp in October of 2009. I understand my child will still attend school each day and receive instruction from a certified teacher.

Parent Signature: _____ Date: _____

Chaperone Interest

(If you have already completed and submitted Chaperone information, there is no need to do it again.)

_____ I am interested in being a chaperone and serving in the role of Cabin Leader. I understand that the chaperone spots will be filled on a first-come, first-served basis. All chaperones must complete a criminal background check and are expected to remain at the camp throughout the duration of the event. I agree to pay the fee of \$165.00 by October 2, 2009 if I am chosen to be a chaperone.

Child's Name

Parent's Name

Daytime Phone/Evening Phone

Email Address (Optional)