

Interpreter's Boot Camp Application

June 22 – 26, 2009

Drop off: 7:00-8:00 am

Pick up: 5:00-6:00 pm

Student's Name: _____ **Age:** _____

Parent/Guardian Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Day Phone: _____ **Evening:** _____ **Cell:** _____

Email address: _____

Emergency Contact Information

Name: _____ **Relationship:** _____

Phone Numbers (2): _____

Physician's Name: _____

Phone Number: _____

A physician's name and contact number is not mandatory. However, if your child has any medical condition that would require a specific course of treatment or they are currently under a physician's care that would require the physician to attend them in an emergency situation, please list the contact information. All of the information contained on this form is strictly confidential and is for internal use only.

Students need to bring a sack lunch
Cost \$175.00 plus \$25 for Bonnet & Apron (girls), Drop sleeve shirt (boys)

Please make checks payable to: **The Boone Home**

Return this form and payment to:

Daniel Boone Campus

1868 HWY F

Defiance, MO. 63341

Signature (parent/guardian): _____