

Lauri Ann West Community Center Summer Camps 2016

Camp Planning Sheet

Name:

Address:

Best phone number:

Alternate phone number:

Email address:

Emergency Contact: Name

Phone Number:

Years with Boyd/Lauri Ann West:

Salary requirement/hour:

- Proposed Camp Name:

Preferred week/s:

Preferred time of class:

Duration of class in hours:

Preferred age range of students:

Minimum # of students needed:

Maximum # of students:

Proposed Camp Description:

- Proposed/Workshop Class Name:

Preferred week/s:

Preferred time of class:

Duration of class in hours:

Preferred age range of students:

Minimum # of students needed:

Maximum # of students:

Proposed Camp Description:

Feel free to submit as many camps as you wish.

PLEASE review dates carefully to ensure that you are able to be in attendance each class day. You will be responsible for providing a substitute in the event of your absence.

THANKS