

## 2008 Application Form

July 21-26, 2008

James River State Park

*Adventures in Leadership through Investigation and Visitation in the Environment*

**APPLICANT SECTION A** – Please write legibly or type.

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Example  
(01/01/1990)

Name to appear on nametag: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of High School Attending in '08/09: \_\_\_\_\_ Grade Entering \_\_\_\_\_

City/County where you live: \_\_\_\_\_ Are you home schooled? Yes  No

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Your Signature on the line above indicates your intent to attend **ALIVE by the James** Camp. Signature on form must be original.)

**PARENT OR GUARDIAN SECTION B**

Example

Full Name of Parent or Guardian: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_ Evening Contact Number: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Your Signature on the line above grants permission for the Applicant to attend **ALIVE by the James** Camp. Signature on form must be original.)

**TEACHER OR ADVISOR/MENTOR SECTION C** – To be completed by person recommending Applicant. Recommendations are accepted from teachers, forestry professionals, soil and water conservation districts, Extension Agents, 4-H and scout leaders, sponsor organizations, etc.

Please check one in each of the following categories using your best knowledge of the Applicant:

Attitude:	_____ Fair	_____ Good	_____ Excellent
Scholastic Standing:	_____ Fair	_____ Good	_____ Excellent
Interest in Studies of the Environment:	_____ Fair	_____ Good	_____ Excellent

Please provide information on the applicant's interests and activities that justify why you feel the applicant will benefit from and contribute to ALIVE by the James. (Attach additional sheets as necessary.)

Signature of Person Providing Recommendation: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Title/Capacity for Recommendation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please TURN TO THE BACK of this page for more information.**

More information on **ALIVE by the James** can be found on [www.olddominionrcd.org](http://www.olddominionrcd.org)

If you have questions, please call the Camp Co-Directors:

Ruth Wallace at 434-969-4261 (Virginia Cooperative Extension – Buckingham 4-H)

Sherry Ragland at 434-983-4757, Extension 4. (Peter Francisco Soil and Water Conservation District)

**Mail this completed form with deposit of \$75 by April 28, 2008.** Balance of \$160 is due upon notification of acceptance. Make check payable to Buckingham Extension Fund & mail to:

ALIVE by the James  
Buckingham Extension Office  
PO Box 227  
Buckingham, VA 23921-0227

*Cancellation Policy: Full refund if requested on or before 4:00 pm on May 19, 2008. 50% refund on or before 4:00 pm on June 2, 2008. Absolutely no refund after June 16, 2008.*



ALIVE by the James is made possible by a number of different agencies and organizations, with many people lending their expertise to make this camp a reality.



The Peter Francisco Soil and Water Conservation District prohibits discrimination on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, and marital status. Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer. If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact the Buckingham Extension Office at 434/969-4261/TDD\* during the business hours of 8:00 am to 5:00 pm to discuss accommodations two weeks prior to the event. \*TDD number is 800/828-1120.