



CAMP YAKNI MOMA ALPHISA APPLICATION

JULY 16TH & 17TH, 2009

STUDENT INFORMATION

NAME: _____ GENDER: Male Female

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

BIRTHDATE: _____ TRIBAL AFFILIATION: _____

GRADE IN SCHOOL: _____ SCHOOL ATTENDING: _____

Camp Shirts

ADULT SIZE T-SHIRT: Small Medium Large X Large 2X

CHILD SIZE T-SHIRT: Small Medium Large X Large 2X

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell: _____

Return Application to: Department of Youth Services

231 Seabrook Road

Ada, OK 74820

For questions call: Connie Tillery

Chickasaw Supreme Court

Phone: (580) 235-0281