

Youth Camps/Clinics/Activities Registration
Return application to:
231 Seabrook Road, Ada, OK 74820
Fax: 580-310-6626

***Please complete a single form for each child.
Check registration deadlines carefully.***

Student Name: _____ Chickasaw Citizenship I.D.: _____

Gender: Male Female Birthdate: ____ / ____ / _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/guardian name: _____

Parent/guardian email: _____

Home phone: (____) _____ Daytime phone: (____) _____

Tribal Affiliation: Chickasaw Other Native American Non-Native

T-shirt size: Youth: 10-12 14-16

Adult: Small Medium Large X-Large 2X 3X

Choose the camp(s) for which you wish to register:

Camp Preference:

If you register for more than one camp, please list the camps below in order of preference. #1 will be the camp you most want to attend. Placement in preferred camp cannot be guaranteed.

- #1 _____
- #2 _____
- #3 _____
- #4 _____
- #5 _____

Applications may be returned
In person or by mail to:
The Department of Youth Services
231 Seabrook Road, Ada, OK 74820

By fax to:
580-310-6626