

BCHMT

YOUTH SUMMER CAMP APPLICATION

Camp Date: August 8-11, 2024

Location: Indian Meadows Guard Station ~ Lincoln, MT



APPLICANT NAME: _____ **AGE:** _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

SPONSOR CHAPTER: _____

HORSE EXPERIENCE: ___ None ___ Slight ___ Moderate ___ High

BACK COUNTRY EXPERIENCE: ___ None ___ Slight ___ Moderate ___ High

WILL YOU HAVE TRANSPORTATION TO EVENT: ___ Yes ___ No

DO YOU HAVE ANY FOOD ALLERGIES: ___ No ___ Yes (please specify)

DO YOU HAVE ANY MEDICAL CONDITIONS: ___ No ___ Yes
(please specify) _____

PLEASE WRITE 3 SENTENCES WHAT WILDERNESS MEANS TO YOU:

**WHAT ARE YOUR HOBBIES? DO YOU CONSIDER A FUTURE IN THE
OUTDOORS, CONSERVATION OR FORESTRY:** _____

Please email completed application to BCHMT.youth@gmail.com or gregschatzbuilder@gmail.com. More information will be sent to successful applicants.