



Falkner Family Foundation

Supporting Youth Fitness Around Your Town and Around the Globe

Application for campership* for Girl Scout Camp Butano Creek 2020

Name _____

Date of Birth _____ Desired Unit at Camp Butano Creek 2020 _____

School/City _____ Grade in **Fall** 2020 _____

Teacher name _____

Teacher email address _____

Parent/Guardian _____

Parent/Guardian Mailing Address _____

Phone number _____

Parent/Guardian E-mail Address _____

Please print clearly. You will be notified via email with your results.

Parent/Guardian Signature

Homeroom teacher, verifying grade average is at least "C"

In the space provided, in the camper's **own hand-writing**, please tell us why you want to go to Camp Butano Creek this summer.

Tax ID#- 26-0508369

**Camper required to pay deposit to reserve space at camp.*

Return to: **Camp Butano Creek, 1771 Dawn Street, Livermore, CA 94550**,
postmarked by **Friday, April 3, 2020** to be considered for this campership.

Those selected will be notified by Friday, April 17, 2020.