



Falkner Family Foundation

Supporting Youth Fitness Around Your Town and Around the Globe

Application for campership* for Camp Butano Creek

Camper's Name _____

Date of Birth _____ Desired Unit at Camp Butano Creek _____

School / City _____ Grade in Fall _____

Teacher Name: _____

Teacher email address _____

Parent / Guardian _____

Parent / Guardian Mailing Address _____

Parent / Guardian 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 **May 1st** to be considered for this campership.

Those selected will be notified by May 8th.