

**APPLICATION FORM REQUEST**

Camper's Full Name: \_\_\_\_\_

Camp Sponsor: (parent, grandparent or an SCI Chapter) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Sex: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Mail Registration to:  
Y.O. Ranch Adventure Camps  
1736 YO Ranch Road N.W.  
Mountain Home, TX 78058**

**Phone: 830-640-3220 Fax: 830-640-3348**

For further information, contact the SCIF Education Dept. toll free at 877-877-3265

YO flyer dates 2004