

**Camp Sawtooth**

**CABIN PARENT APPLICATION FORM**

Print Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_  
(Mailing address) (City) (State) (Zip code)

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
(area code)

Completed by June: High School, College 1 2 3 4 Other \_\_\_\_\_

**At what Camps would you like to be a Cabin Parent (CP)?**

**Please Check:**

5 <sup>th</sup> & 6 <sup>th</sup> #1:	June 17-22	( )
Jr. Hi #1	June 24-29	( )
9 & 10	July 1-6	( )
3 <sup>rd</sup> -4 <sup>th</sup> Grade:	July 8-11	( )
Deaf Camp 3 <sup>rd</sup> - 8 <sup>th</sup> :	July 8-11	( )
5 <sup>th</sup> & 6 <sup>th</sup> #2:	July 15-20	( )
Jr. Hi #2:	July 22-27	( )
Sr. Hi	July 29-Aug 3	( )

**Cabin Parent** if your child is attending Camp Sawtooth as a camper, please list the child's name and which camp he/she will be attending. *(This information helps us to plan for camperships based on parent involvement.)*

**Child/ren** \_\_\_\_\_

**Camp(s)** \_\_\_\_\_

Adult T-shirt size

Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX-Large \_\_\_\_\_

Is camper healthy & able to participate in all activities? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any health issues:

\_\_\_\_\_

List all allergies to food, medications, insect stings, etc. \_\_\_\_\_

Have you had any convulsions/seizures? \_\_\_\_\_

**Camp Experience:**

Have you attended Camp Sawtooth? Yes / No. Indicate year(s)\_\_\_\_\_

If so, in what capacity?\_\_\_\_\_

List other camp experience, if any\_\_\_\_\_

Training, Skills and other Attributes. Please indicate specifics, experience and proficiency in the categories below:

Theology/Leadership\_\_\_\_\_

Musical/Singing Skills\_\_\_\_\_

Activities/Games/Crafts\_\_\_\_\_

Nursing/CPR\_\_\_\_\_

Counseling\_\_\_\_\_

Please write a statement describing your faith in Jesus Christ and how this impacts your desire to be involved in the Camp Sawtooth Ministry:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You ***must*** provide the signature and phone number of your pastor and the name and phone number of a church leader/official (elder, deacon, Sunday school teacher, youth leader,) so these persons can be contacted as references.

Pastor's Signature\_\_\_\_\_ Phone #\_\_\_\_\_

Official's Name\_\_\_\_\_ Position\_\_\_\_\_ Phone #\_\_\_\_\_

Please mail the completed application to:

**Ted and Debbie Davis, Camp Directors**  
**c/o Snake River Mission Area**  
201 W. Ustick Road  
Meridian, ID 83642

(208) 898-9760 (Snake River Mission Area Office; ask for Debby Sandborgh)

**THANK YOU** for your interest and participation in the Ministry of the Presbyterian Church (USA) Camp Sawtooth. A confirmation letter will arrive in approx 3 weeks