



SABLES ENVIRONMENTAL CAMP 2009

June 27th – 30th

Name: _____ Age: _____

Birthday: _____ M or F

T-Shirt Size: Youth S M L Adult S M L

Address: _____

Parents Name(s): _____

Phone Number: _____

*\$20.00 deposit required at the time of application to hold the slot – numbers are limited! (Make Checks payable to SCI)

1) Why do you want to go to this camp? _____

2) What do you want to learn at this camp? _____

Send form and Deposit to: Kathe Koback

W4230 State Rd. 23

Montello, WI 53949

(608)297-8401