



# Summer Leadership Camp 2010 2010

Barnes United Methodist Church  
900 W. 30th Street  
Indianapolis, Indiana 46208  
Church: 317-923-9127  
DGL Hotline: 317-222-4030

Please type or print in ink.

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-Mail \_\_\_\_\_
4. Grade during 2009-2010 School Year: \_\_\_\_\_
5. School Name \_\_\_\_\_
6. Parent/Guardian Name(s) \_\_\_\_\_  
Parent/Guardian Address \_\_\_\_\_  
Parent/Guardian Telephone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Emergency Contact** (If parent or guardian is not available):

Name \_\_\_\_\_ (Work) \_\_\_\_\_  
(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

7. If you accept this program, there will be a **\$25.00 application fee** to the participant along with a \$30 charge each week. Weekly payments are due on Mondays.
8. I have completed this application and I agree that, if selected. I will participate in the DGL Summer Leadership Camp parent meeting **on Saturday June 5, 2010 at Barnes United Methodist Church at 5pm.** I understand that by not participating in this event, I may forfeit my son's position in the program.
9. I have read this application and I give permission for my son to participate in the Distinguished Gentlemen's League (DGL). I give permission to photograph my child in the context of volunteering with (DGL) or program publicity.

**Youth Signature** \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If you are interested in volunteer opportunities with our program, please check the box.

Office use only: