

**REQUEST FOR PARTICIPATION
IN PROJECT LIFE**

Friends of Camp Colton, Inc.
3285 E. Sparrow Ave. Flagstaff, AZ 86004
Ph: (928) 527-6109 Fx: (928) 527-86004

GROUP: _____

SCHOOL ADDRESS: _____

TELEPHONE / FAX: _____

CONTACT PERSON: _____

WEEK REQUESTED: _____

OF STUDENT PARTICIPANTS: _____ X \$300 = Total Amount Due: _____

OF ACCOMPANING TEACHERS: _____

PERSON RESPONSIBLE: _____
Name *Title*

On behalf of the above group, I agree to be responsible for the student participants in case of any unforeseen incidents that should occur during our participation in the Project LIFE program at Camp Colton.

SIGNATURE: _____ DATE: _____



(This section for Office Use Only)

Date Received: _____

DEPOSIT (25% required): Amount _____

Date Paid: _____

BALANCE DUE: Amount _____

Date Paid: _____

TOTAL Amount Received _____

INSURANCE #: _____

Date Rec: _____

APPROVED BY: _____

Date: _____



Make checks payable to: Friends of Camp Colton

Return to: Cameron Kern, Director of Environmental & Outdoor Education, FUSD
3285 E. Sparrow Ave. Flagstaff, AZ 86004