



2020 Rowan County Sheriffs Office Summer Camp Application

Camper Name _____ (circle) Male or Female
Last First Middle Initial

Parent/Guardian Name: _____
Last First Relationship to camper

Mailing Address _____ Campers DOB _____
Month/date/year

City _____ Zip _____

Circle campers' grade he/she is currently enrolled in: 5th 6th 7th 8th
School camper is currently enrolled in: _____

Does your child have any disabilities ___ yes ___ no

Camper T-Shirt Size: ___ Small ___ Medium ___ Large ___ X-Large (These are adult sizes)

Emergency Contact _____ Phone Number _____
Please Print – Last, First Name

Camp Session Enrolling For: Session 1 ___ Session 2 ___ (you cannot attend more than one)

Session One: June 8th-12th from 9:00am – 3:00pm
Location First Baptist Church Salisbury
223 N. Fulton St.
Salisbury, NC 28144

Session Two: June 15th – 19th from 9:00am – 3:00 pm
Location First Baptist Church Salisbury
223 N. Fulton St.
Salisbury, NC 28144

Parent/Guardian Signature _____ Date _____

Please mail all applications back to Rowan County Sheriff's Office. 232 N. Main St. Salisbury, NC 28144.
Attention Master Deputy W.R. Walker. Contact # (704) 216-8700.