



*ladies achieving dreams dedication enthusiasm respect*  
**L.A.D.D.E.R.**

### Camp L.A.D.D.E.R. Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ High School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School ID #: \_\_\_\_\_

Driver License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

#### Personal Reference #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Personal Reference #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

How did you hear about the Camp L.A.D.D.E.R. Program?

School  DFR Website  Social Media  City of Dallas Website

In your own words, tell us why you want to participate in the Camp L.A.D.D.E.R. Program:

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Do you have any limitations that would limit the activities in which you can participate at the Camp? Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you need transportation to the campsite? Yes  No

\_\_\_\_\_  
Parent/Guardian Print Name Student Print Name

\_\_\_\_\_  
Parent/Guardian Signature Student Signature

Please submit to: Designated DISD Campus Representative

