

**RETURN FORM  
AS SOON AS  
POSSIBLE.  
Space is limited.**

**Office Use Only**  
\_\_\_\_ BG Check

# **CABIN PARENT FORM**

## **To be filled out ONLY if you INTEND TO BE A CABIN PARENT**

The following information **MUST** be complete before you are able to join us.

Background checks are available through SafeVisitor. Click on the **Visit and Volunteer button** at bottom of HSE website.

Parent's full legal name (First, Middle, Last) \_\_\_\_\_ Parent Gender M F

Child's full name (First / Last) \_\_\_\_\_ Child Gender M F

Email \_\_\_\_\_ Home Address \_\_\_\_\_

Mobile # \_\_\_\_\_ Home # \_\_\_\_\_ Which is best? Mobile Home

Parent's Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (used to confirm background checks have been completed)

*I have completed a district background check in the last 3 years*

**Session I April 20-22 M-W ALL Heroes, along with STARS last name A-K**

**Session II April 22-24 W-F ALL Globetrotters, along with STARS last name L-Z**

**I will be staying the following nights at camp: (please "x" all that apply)**

SESSION 1	Both Nights M/Tu	Mon. only 4/20	Tues. only 4-21		SESSION 2	Both Nights W/Th	Wed. only 4/22	Thurs. only 4/23

Will you ride a bus? (Circle) YES NO

If you do not ride the bus, what time do you expect to arrive at camp? \_\_\_\_\_

*(We need all cabin parents to arrive in camp no later than 9:00 p.m. on the evening(s) scheduled to stay in a cabin)*

**Please indicate in the boxes below which meals you intend to eat at camp.**

**You may change your selections at a later date; however please mark initial selections. (please "x" all that apply)**

	Session I:				Session II:		
	Mon.	Tues.	Wed.		Wed.	Thurs.	Fri.
Breakfast	N/A				Breakfast	N/A	
Lunch	Bring your own sack lunch				Lunch	Bring your own sack lunch	
Dinner			N/A		Dinner		N/A

**We will have a MANDATORY parent meeting on Wednesday, March 18, 2020 - 7pm in the LGI**

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