



**AWAY WE GO YOUTH TRAVEL CAMP, INC.**

**ENROLLMENT APPLICATION**

**BY PHONE: 215.224.0200 or 877 AWAY.EDU**

**BY FAX: 215.224.7928**

**BY EMAIL: awaywegoYTC@aol.com**

**BY WEB: www.awaywegoyouthtravelcamp.org**

**BY MAIL: AWAY WE GO YOUTH TRAVEL CAMP, INC.**

**6906 Old York Road, Philadelphia, PA 19126**

**1. PERSONAL INFORMATION**

**2. APPLICANT NAME:** \_\_\_\_\_

**3. PHONE:** \_\_\_\_\_

**1. ADDRESS:** \_\_\_\_\_

**5. CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_**

**6. SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**7. DRIVERS LICENSE NUMBER:** \_\_\_\_\_

**8. DATE OF BIRTH:** \_\_\_\_\_

**9. EMAIL ADDRESS:** \_\_\_\_\_

**10. PASSPORT NUMBER:** \_\_\_\_\_

**11. HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_**

**I. PARENT OR GUARDIAN**

**12. NAME:** \_\_\_\_\_

**13. RELATIONSHIP:** \_\_\_\_\_

**14. ADDRESS:** \_\_\_\_\_

**15. CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_**

16. HOME NUMBER \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

**II. ACADEMIC INFORMATION**

CURRENT GRADE: 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup> \_\_\_\_\_

17. NAME OF SCHOOL: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ COUNSELOR \_\_\_\_\_

18. NAME OF SCHOOL: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ COUNSELOR \_\_\_\_\_

19. NAME IF SCHOOL: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ COUNSELOR \_\_\_\_\_

**IV: INSURANCE COVERAGE**

20. INSURANCE PROVIDER \_\_\_\_\_  
MEMBERSHIP NUMBER \_\_\_\_\_  
PRIMARY CARE PROVIDER: \_\_\_\_\_

21. PARENT'S SIGNATURE \_\_\_\_\_  
COUNSELOR'S SIGNATURE \_\_\_\_\_

YOUTH'S SIGNATURE \_\_\_\_\_