

**Ottawa Police Department  
2013 D.A.R.E. SUMMER CAMP  
APPLICATION**

DATE: SUNDAY, AUGUST 4, 2013 – TUESDAY, AUGUST 6, 2013

CHILD'S NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (M)  (F)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PRIMARY GUARDIAN'S NAME(S): \_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_  
\_\_\_\_\_

CELL PHONE:

BUSINESS NAME: \_\_\_\_\_  
\_\_\_\_\_

BUSINESS PHONE:

SECONDARY GUARDIAN'S NAME(S): \_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_  
\_\_\_\_\_

CELL PHONE:

BUSINESS NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_

BUSINESS

CHILD'S NAME: \_\_\_\_\_

**CHILD'S T-SHIRT SIZE (ADULT SIZES ONLY)**

Sm \_\_\_\_\_ Med \_\_\_\_\_ Lg \_\_\_\_\_ Xlg \_\_\_\_\_

I, \_\_\_\_\_, give permission for  
\_\_\_\_\_, to

(PARENT OR LEGAL GUARDIAN)

(CHILD'S NAME)

attend and participate in the Ottawa Police Department's summer **D. A. R. E.** camp.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN TO:  
CSO Larabe Alexander or  
Officer Leah Thomas  
Ottawa Police Department  
715 West 2<sup>nd</sup> Street Ottawa, KS 66067**

***PLEASE RETURN NO LATER THAN MAY 10, 2013***

[www.ottawapolicefoundation.org](http://www.ottawapolicefoundation.org)