



COTTONWOOD INSTITUTE

"Changing the world one adventure at a time"

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COMMUNITY ADVENTURE PROGRAM REGISTRATION FORM

Thank you for registering for the Community Adventure Program! Please take a moment to complete this Registration Form to tell us a little bit about yourself and your background. This information is for internal use only and will be treated confidentially. This information will help our instructors get to know you before we head out into the field together, but it will also help us apply for local, state, and federal grants to fund our programs, so please complete this as accurately and honestly as possible.

STUDENT INFORMATION: (FOR INTERNAL USE ONLY)

Participant Name	Program/Course Code	Birth Date
Mailing Address	City/State	Zip Code
Daytime Phone	Evening Phone	Cell Phone
Participant Email Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	How did you first hear about CAP?
Ethnic Origin (Optional) <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other		

PARENTS OR GUARDIANS: (FOR INTERNAL USE ONLY)

Parent or Guardian Name	Relationship to Participant Above	
Mailing Address (if different from above)	City/State	Zip Code
Work Phone	Evening Phone	Cell Phone
Occupation	Employer	Work Email

PARTICIPANT BACKGROUND INFORMATION: (PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY)

1. Please briefly describe your camping experience and whether or not you have been overnight camping before? Please briefly describe your relevant camping experiences and if you have attended other camps, wilderness courses, survival courses, or similar programs. Please indicate when and where you last attended these programs.
