

Clarkston Area Youth Assistance 5980 CLARKSTON RD. CLARKSTON,  
MI 48348 Camp Referral Form

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Present

Grade \_\_\_\_\_ School \_\_\_\_\_ Parent / Guardian's

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

street city zip Phone

Number \_\_\_\_\_ Please specify

village/township \_\_\_\_\_ Referring Person & School

\_\_\_\_\_

**Deadline for Referring: March 24, 2010**

FORMS MAY BE MAILED, DROPPED OFF AT THE OFFICE OR FAXED TO 248-620-2468

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