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APPLICATION INQUIRY

Submitted By: _____ Date: _____

How did you learn about OWBC: _____

Contact Name: _____ Relation to child: *Mom, Dad, Relative, Other:* _____

Address: _____

Phone: _____ E-mail: _____

Boy's Name: _____ Date of Birth: _____

Present Age: _____ Height: _____ Weight: _____

Boy's home life history: _____

Description of boy's problems: _____

Prior efforts at helping / current meds: _____

Present Circumstances: _____

Would you like an application package: *yes no*

FOR OFFICE USE: Family Intro Letter; Brochure; App. _____ Other: _____ Date: _____ By: _____