

Camp Seaport, Inc. - Application

Date: Name:		Tee Shirt Size (Adult Sizes)			
		School:		Grade:	
Home Address:					
	Number & Street	City	State	Zip	
		Parent/Guardian Contact	Information		
Name:		Relationship:			
Phone:	Cell:	Other:	Ema	ail:	
Why are you ir	nterested in Camp SeaPort	?			
School Affiliati	ons:				
Extracurricular	r Activities/Group Activitie	s:			
Hobbies:					
applicant must co	ommit to attend all 5 sessions.	Unless otherwise specified du	e to scheduled activities (pate in the Camp SeaPort program the Camp SeaPort will be from 8 am to 4 pm, onsibility of the parent/guardian.	
Student Signature			Date		
Parent/Guardian Signature			Date		
Camp SeaPort Representative			Date		

Please send completed applications to: Attn: Camp Seaport, P. O. Box 215, Port Arthur, TX 77641, or email info@campseaport.org. Or deliver to 221 Houston Avenue, Port Arthur, TX 77640.

Educational programs of Camp SeaPort, Inc. are open to all people without regard to race, color, sex, disability, religion, age, or national origin.