

SUMMER CAMP REQUEST FORM
MYSCHOOLBUCKS SETUP

NAME OF CAMP: _____

REGISTRATION START DATE: _____

REGISTRATION END DATE: _____

DEPARTMENT CONTACT: _____

PRICE: \$ _____

DATES: _____

TIMES: _____

GRADES: _____

LOCATION: _____

WHAT MEALS ARE INCLUDED? _____

IS TRANSPORTATION INCLUDED? _____

DESCRIPTION OF CAMP:

***** PLEASE SEND CAMP FLYER WITH THIS FORM TO MORGAN TUCKER IN THE BUDGET AND FINANCE DEPARTMENT.**

APPROVED BY: _____
Print Name

SIGNATURE: _____
Signature of Approver

POSITION: _____

DATE: _____

Setup will be completed within 48 hours (business) of receipt of this form. Please allow extra time for weekends and holidays.

The registration link and QR code will be sent to the Department Contact listed above.

Please reach out to the Communications Department to have information posted to the RCBOE website.