



Camp Mariposa

Camper Referral Form

Camper Information: Please fill out as much information as possible

Camper Full Name:	Date of Birth:	Age:	Grade:
Legal Guardian's Full Name:	Legal Guardian's Phone:	Legal Guardian's Email:	
Sibling(s) eligible for camp:		Name of person/organization referring:	
Reasons for Referral (please list as detailed as possible):			
Follow-Up Contact Information:		Best Days/Times for Follow-Up	

Please check the following boxes that are concerns for this camper and/or family (check all that apply)			
<input type="checkbox"/>	Misuse of alcohol and other drugs (camper)	<input type="checkbox"/>	Self-esteem/ depression
<input type="checkbox"/>	Misuse of alcohol and other drugs (family)	<input type="checkbox"/>	Safety concerns such as high-risk behavior
<input type="checkbox"/>	Health issues (please list):	<input type="checkbox"/>	Other:

Use this space for further explanation of above checklist if necessary:

Once the referral form has been completed and turned in there will be follow up with both organization/person referring as well as parent/guardian to ensure complete understanding of Camp Mariposa. If the referral comes back without a Camp Mariposa packet, a packet will be sent to the family upon confirmation that the child appropriately qualifies for a Camp Mariposa Membership.

Please return completed forms to:

Jodi Gosselin, Director Prevention Services & Camp Mariposa ■ email: jgosselin@bgcn.com ■
(603) 883-0523 x222