



# CLASP



## Camp Longhorn Alumni & Special Parents

NAME \_\_\_\_\_  
(If spouse is an alumni, include maiden name in parenthesis.)

NEW

RENEWAL

Please check all that apply: (I am, was!)

CAMPER

COUNSELOR

PARENT

Camp I/we attended as a camper/counselor:

INKS LAKE

INDIAN SPRINGS

C3 ON INKS

Child attends:

Term (Circle):

1st

2nd

3rd

4th

5th

6th

INKS LAKE

INDIAN SPRINGS

C3 ON INKS

I am an ALUMNI and I started camp in the - (circle one)

40's

50's

60's

70's

80's

90's

00's

I prefer to receive my CLASP mail:

BY MAIL

OR

ELECTRONICALLY

If new, my address is: OR Change of address information is:

STREET \_\_\_\_\_

TOWN, STATE & ZIP \_\_\_\_\_

HOME # \_\_\_\_\_

CELL # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### "OFFICE USE ONLY"

2017/2018 CARNIVAL (Town) \_\_\_\_\_

DUES PD:

SINGLE \$15

LIFETIME \$200

CASH

COUPLES \$20

COUPLES LIFETIME \$250

CHECK # \_\_\_\_\_