

# SWOOP Participant Application

## Southern Wesleyan Outdoor Orientation Program

Return this application with your \$100 deposit no later than July 1.

### Applicant Information

--	--	--

Name

Birth Date

Sex\_

--	--	--	--

Street of Box #

City

State

Zip

--	--

Cell Phone

Home Phone

### Emergency Contact Information

--	--

Cell Phone

Home Phone

--	--	--	--

Street of Box #

City

State

Zip

The following information gives us an opportunity to find out about you, your goals, interests and personality. Please be as candid, honest, and specific as possible.

1. Do you have any special concerns you would like us to know about? Physical limitations, dietary restrictions, etc.?

