



**For More Information,
Please contact:**

Ebiil Training Center- 855-2676

Or

Elchung Hideyos -775-5343

Thank You!



#EBIIL SUMMER CAMP 2019

My land, my water,
my home, May I be
as good and
beautiful to you, as
you have always
been to me!

Ebiil Society Inc.

P.O. Box 813
Koror, Palau 96940
(680)855-2676



**15th ANNUAL
SUMMER CAMP!**

SUMMER CAMP #1

BEGIN: JUNE 16, 2019

ENDS: JUNE 23, 2019

SUMMER CAMP #2

BEGINS: JULY 14, 2019

ENDS: JULY 21, 2019

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EBIIL TRAINING CENTER,

OLLEI, NGARCHELONG

**COME JOIN THE FUN
LEARNING
EXPERIENCE OF THE
SUMMER!**

EBIIL SUMMER CAMP 2019

APPLICATION FORM

THIS FORM WILL GIVE YOUR CHILD PERMISSION TO PARTICIPATE IN THE EBIIL SOCIETY SUMMER CAMPS PROGRAM 2019. **CAMP FEE \$25.00 PER CHILD.**

*PLEASE CHECK MARK ONE:

CHECK MARK	CAMPSITE	PARTICIPANT	CHECK-IN DATE
	EBIIL TRAINING CENTER	COUNSELOR	JUNE 12, 2019
	OLLEI, NGARCHELONG	CAMPER	JUNE 16, 2019
	OLLEI, NGARCHELONG	CAMPER	JULY 14, 2019

CONSENT:

I, _____(full name), am the ___(mother)___(father)___(legal guardian of the child(ren) listed below and do hereby give my consent for him/her or them to participate in the EBIIL Summer Camp 2019, and agree here that neither I, nor anyone acting on my behalf, will make claim or file a lawsuit of any kind against Ebiil Society Inc. I will participate on the last day (Desiil) of camp (Campers Presentation/Awarding/ Parents' Day) and transport my child/ Children back home at the end of the day.

CHILD NAME(S)	AGE

PARENTS &/ OR GUARDIAN GIVING CONSENT:

IN CASE OF EMERGENCY (CONTACT INFO.)

_____ (PRINT NAME)

_____ (HAMLET, STATE)

_____ PH #'S

NO. _____ of family members to attend the Desiil (Campers/ Parents Day) from 8am to 2pm.

Children NEED to have this form (filled and signed by parents/ guardians). Please make sure this form is filled and turned in on the day or before the day camp starts.

Thank YOU!

