



# 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  GRANDPARENT

**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

**I prefer to receive my Alumni mail:**

BY MAIL  OR ELECTRONICALLY

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

STREET \_\_\_\_\_

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

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

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

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

**"OFFICE USE ONLY"**

2020/2021 CARNIVAL (Town) \_\_\_\_\_

DUES PD:

SINGLE \$15

LIFETIME \$200

CASH

COUPLES \$20

COUPLES LIFETIME \$250

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