



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"

2021/2022 CARNIVAL (Town) _____

DUES PD:

SINGLE \$15

LIFETIME \$200

CASH

COUPLES \$20

COUPLES LIFETIME \$250

CHECK# _____