



CLASP



Camp Longhorn Alumni & Special Parents

Your NAME _____
(If alumni, plz include maiden name in parenthesis.)

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

CAMPER ☐

COUNSELOR ☐

PARENT ☐

GRANDPARENT ☐

Spouse NAME _____
(If alumni, plz include maiden name in parenthesis.)

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 7th

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 10's

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

STREET _____

CITY, STATE & ZIP _____

CELL # _____

HOME # _____

E-MAIL ADDRESS _____

.....
"OFFICE USE ONLY"

20 _____ CARNIVAL (Carnival Town) _____

ANNUAL \$25 ☐

CASH ☐

LIFETIME \$250 ☐

CHECK # _____