



Exceptional Bobcat Sports Camp

Return Information

Return Date Return to Dr. Balluch by November 2, 2018

Dr. Felicity Balluch

P.O. Box 10

Mail Peru, NE 68421-0010

Email FBalluch@peru.edu

Student Information

Name _____

Grade _____

Age _____

Disability _____

Special Accommodations _____

Health Related Needs (Food Allergies) _____





Exceptional Bobcat Sports Camp

T-Shirt Size YS, YM, YL, S, M, L, XL, XXL

Choice of Sport
(Please Pick One) Basketball or Cheerleading

Any Other Information

Parent Information

Name _____

Phone _____

Home Address _____

Email _____

Emergency Contact Name _____

Emergency Contact Phone _____

Please look for a follow up email with more instructions.