

Super Summer Oklahoma
Cris Lowery, Director
405-715-0665
cris@supersummerok.com

Dear Pastor,

Thank you for your interest in the support of Super Summer Oklahoma. Since 1986 our goal and purpose has been to provide training to youth pastors and leadership students in the areas of evangelism, discipleship and leadership skills. Because of this, our camp is structured differently than other camps and is designed for a specific type of student. It also requires that we have a specific time of training for anyone in a leadership role so that everyone understands their part of the mission for the week. We understand the inconvenience this can bring to your church and because of that, we take seriously the responsibility of using that time wisely. That's why we also want to take the time to tell you our purpose and goal of our team leader weekend planning time.

Our belief is by equipping the top leaders in your student ministry, they will be in a position to make a significant impact in the life of your church. In order to do this, we ask that only leadership students be allowed to attend. To help with this, we've set a standard that can be used to help evaluate a student's readiness concerning attending Super Summer. During the required interview process, the following criteria should be taken into consideration.

1. Has made a commitment to follow Jesus
2. Has an active devotional life
3. Regularly attends and supports youth ministry events at their home church
4. Is an active leader in their student ministry
5. Has a positive witness/testimony outside of church
6. Expresses a willingness to share their faith with their peers

Our second belief is that Super Summer should provide training and spiritual renewal for the leadership involved. This includes youth pastors and volunteer leaders who will be in direct contact with students during the week. Our purpose for team leader weekend is to allow time for the teaching teams to come together as a family while they are learning about their specific responsibilities. One of the great strengths of Super Summer is the interaction in the small group discussion times that are held after each large group teaching session. It's imperative that these small group leaders be adequately prepared to lead small groups and which is one of the things we focus on during the weekend. We've also found that there is a great need for spiritual renewal and reflection in the lives of our leadership staff before they are called on to pour themselves out into the lives of the students. This is a major emphasis of our team leader weekend which culminates in a consecration service on Sunday evening that has proven to be great preparation for the coming week. Because of this, we've come to the conclusion that the team leader weekend, which is held the Saturday and Sunday before the week of camp is a required event. It's virtually impossible for someone to miss this weekend and be in step with or prepared to meet the needs of the students you and your fellow pastors will be sending.

Again, we want to say thank you for your support of student ministry in your church and in our State. Should you have any other questions, concerns or need more information about Super Summer Oklahoma, feel free to contact our director at the number or email listed at the top of this letter.

In Christ,
Super Summer Oklahoma Board of Directors

SUPER SUMMER REGISTRATION INFORMATION & PROCEDURES

The following information is to answer your questions about the registration process. If you have any further questions, do not hesitate to call Teresa Johnston at 405-503-1100 or Cris Lowery at 405-715-0665. Because space is limited, get your Registration Packet (**complete with all forms and money**) in to the Super Summer Office as soon as possible. Once a week is full, registration will be closed. ***Please make sure the students you register are going to attend.***

A FEW SIMPLE RULES:

1. All students must attend the entire week of activities.
2. There is absolutely no leaving the campus for any reason (except a medical emergency and accompanied by SS staff) during the week.
3. Absolutely no drugs, tobacco, or alcohol of any kind will be allowed. Any student found possessing such items will be sent home immediately at parents' expense.
4. Students should come with teachable spirits, willing hearts, and smiles on their faces.
5. Every church must have an **ON CAMPUS Contact Person** in case of a student emergency from their church. This can be exec. staff, team leader, dorm parent, etc.

DATES FOR REGISTRATION:

Registration for Oklahoma churches opens Friday, April 4, 2008, and Friday, April 18, 2008, for out-of-state churches. (*Out-of-state churches must be approved by the Super Summer Director and Board.*) Registration closes May 2, 2008, or when each week is full. All monies and forms must be postmarked by May 2. **Your church will be registered only if your Registration Packet is complete with the following: All student and staff forms, student and team leader interviews, exec. staff and team leader background check forms, room assignments, Church Contact Sheet and payment in FULL.** We must operate on a first come, first serve basis. Any packets received that are incomplete will be subject to a delay until all the above is received in the Super Summer Office.

REGISTRATION FORMS:

Please see that each camper's registration form is completed, properly signed and is legible. Each registration form must be accompanied with the Student Interview. **PLEASE NOTE: The Student Interview, Team Leader Interview and Team Leader and Executive Staff background forms are absolutely mandatory.** Each Youth Pastor or Youth Leader takes full responsibility for the students they send.

FINANCIAL REQUIREMENTS:

The registration fee includes lodging, meals, materials, program costs, DVD, picture, complete use of the OBU facilities, and a Super Summer T-shirt. Students should plan to bring extra spending money for CDs, soft drinks, snacks, souvenirs, etc. The fees for Super Summer are as follows: **\$160.00 per Student - \$145.00 per Team Leader - \$115.00 per Executive Staff**

Note: *Students will be responsible for all lost or misplaced keys (\$20.00) upon checkout on Friday. Only partial refunds will be available, for students who cancel, due to program expenses incurred and loss of potential revenue.*

SCHOOL INFORMATION:

Red School - For all students entering 8th Grade in the fall of 2008

Blue School - For all students entering 9th Grade in the fall of 2008

Orange School - For all students entering 10th Grade in the fall of 2008

Yellow School - For all students entering 11th Grade in the fall of 2008

Green School - For all students entering 12th Grade in the fall of 2008

Silver School - For those just graduating high school in the spring of 2008

Purple School - Designed specifically for students who feel the call of God for vocational Christian service. The Purple School Students must be recommended by their pastor for admission to this school and must have completed 11th Grade.

TEAM LEADER INFORMATION:

Each church sending students **must** provide Team Leaders. The formula for numbers is based on one (1) Team Leader for every seven (7) students [i.e.: 1 to 7 students requires 1 Team Leader; 8 to 14 students requires 2 Team Leaders; etc.].

Our Team Leaders are a vital part of Super Summer must attend Team Leader training weekend (Saturday and Sunday before their camp week). They serve as encouragers, discussion leaders, friends and dorm supervisors to a group of 10 to 12 students. During the week, Team Leaders become a "Mom" or "Dad" to our students and minister to each student. This assignment demands a spiritually mature and growing person. **Make sure the people you send are above reproach, walking with God and of good moral character.**

PLEASE NOTE: If for some reason you cannot find a Team Leader for your group, YOU MUST STILL PAY FOR THE REQUIRED NUMBER OF TEAM LEADERS REGISTRATION. Work very hard to meet the 1 to 7 ratio. This is vital to our success.

MANDATORY: All Team Leaders for Week 1 should check in at the Geiger Center by 3:00 P.M., May 31, Week 2 should check in at the Geiger Center by 3:00 P.M., June 7, Week 3 should check in at the Geiger Center by 3:00 P.M., June 14. They will receive room assignment and schedule of the weekend at that time. Team Leaders must stay on campus and carry out all assigned responsibilities until Friday afternoon of their respective week.

TEAM LEADERS SHOULD:

1. Be recommended by their Pastor/Youth Pastor.
2. Be a spiritually mature/growing person who has been out of high school at least one year at the start of Super Summer.
3. Be a happy, positive person.
4. Have a heart for young people and be willing to invest his/her life in the lives of students.
5. Obey the rules of Super Summer – **just like the students.**
6. Be willing to lead in small group discussions, Bible study, etc.
7. Attend the Team Leader Training Weekend the Saturday, Sunday, and Monday before his/her week begins. The dates for the Team Leader Training for the 1st week of Super Summer are May 31 – June 2, 2nd week June 7 – 9 and 3rd week June 14 – 16.

CHURCH CONTACT SHEET

ATTACH THIS SHEET TO ALL YOUR SUPER SUMMER REGISTRATION FORMS AND RETURN TO THE SUPER SUMMER OFFICE WITH YOUR CHURCH CHECK ON OR BEFORE MAY 2nd TO AVOID LATE FEE.

MAIL ALL FORMS TO:
 Super Summer Oklahoma, Inc.
 1313 S.W. 107 Place
 Oklahoma City, OK 73170

Church Name _____ Week attending: 1 / 2 / 3
 Church Address _____ Church Phone (_____) _____
 City _____ State _____ Zip _____
 On Grounds Contact Person _____

Number of Students _____ x \$160.00 = _____

Number of Team Leaders attending from your church _____ x \$145.00 = _____

If you do not meet the required Team Leaders per ratio (see below) please add fee for each needed. _____ x \$145.00 = _____

Number of Exec. Staff (Deans, Asst. Deans, TLCs, SC, Music) _____ x \$115.00 = _____

Sub-Total \$ _____

If postmarked after May 2, 2008, add Late Fee of \$100.00 per church \$ _____

TOTAL ENCLOSED \$ _____

Team Leader Ratio
 1-7 Students = 1 TL
 8-14 Students = 2 TL
 15-21 Students = 3 TL
 22-28 Students = 4 TL
 29-35 Students = 5 TL
 36-42 Students = 6 TL
 etc...

CHECK LIST

- _____ 1) All Registration Forms completed including medical information, signatures, student & team leader interviews, exec. staff & team leader back ground check forms
- _____ 2) Rooming lists
- _____ 3) Church check to Super Summer Oklahoma, Inc. for total amount

I verify that all forms have been checked for accuracy and are complete and the above check list items are enclosed.

Student Minister/Church Representative

Date

EXECUTIVE STAFF REGISTRATION

Executive Staff Agreement

Executive Staff members are required to attend Team Leader Training on Saturday and Sunday before the week that they are attending. Registration begins at noon on Saturday, both weeks. Please remember the no children policy that the Super Summer Board of Directors have voted into effect. This policy states that no children of Executive Staff Members, unless they are Super Summer Campers, will be allowed to attend Super Summer.

FOR OFFICE USE

Rm. # _____

School _____

Please circle your position & school:

Red 1 / Red 2 / Blue 1 / Blue 2 / Orange 1 / Orange 2 / Yellow 1 / Yellow 2 / Green 1 / Green 2 / Silver / Purple / Extra

Dean / Assistant Dean / T.L.C. / School Coordinator / Music Leader / Office / Medical / Marketing / Dorm Parent

Name _____ Age _____ Circle week attending 1 – 2 – 3
Last First Middle

Address _____
Street/Box City State Zip

Home Telephone _____ - _____ Cell _____ - _____ Male _____ Female _____

Have you attended Super Summer before? **Yes / No** T-shirt Size: **Small/Med./Large/XL/2X/ Other** _____

Emergency Contact _____ Phone # _____ - _____

Relationship of Emergency Contact _____ Check if you do not have med. ins. ?

Medical Insurance _____ Policy # _____
Company Name – (Please attach a photocopy of your Insurance Card – Front & Back)

Church _____ City _____ State _____
(Church attending Super Summer with)

MEDICAL RELEASE INFORMATION

Date of Last Tetanus Shot _____

Physical limitations (Asthma, Diabetes, Migraine Headaches, Allergies, etc...) _____

Date of Birth _____ Medications I am allergic to: _____

Medical and Surgical Waiver

I, _____, am 18 years of age or older, and have listed physical limitations or medical problems that may need attention. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the staff, sponsors, and personnel of Super Summer Oklahoma, or its representatives, or the school sponsors, or any medical personnel to make such decisions and to perform such medical treatments and/or surgery upon myself which may in their sole discretion be necessary and proper under the circumstances. I do release, acquit, discharge, and covenant to hold harmless the Super Summer Staff personnel, or its representatives, the School sponsors, or Oklahoma Baptist University from any and all actions, damages, liabilities arising out of the treatment of any sickness or accident incurred during the dates between **(circle one) June 2-6 / 9-13 / 16-20, 2008**. I also acknowledge that all financial debts incurred are my responsibility and that the staff, sponsors, and personnel of Super Summer and/or Oklahoma Baptist University are not financially responsible.

Signature of Participant 18 or older _____ Date _____

Address _____ Phone _____ - _____

TEAM LEADER REGISTRATION

Team Leaders must have been out of high school for one year.

FOR OFFICE USE

Rm. # _____

School _____

Name _____ Age _____
Last First Middle

Address _____
Street/Box City State Zip

Home Telephone _____ - _____ Cell _____ - _____ Circle week attending 1 - 2 - 3

Male _____ Female _____ Have you ever attended Super Summer? Yes _____ No _____

T-shirt Size: Small / Med. / Large / XL / 2X / Other _____ If you do not have Med. Ins., check box ?

Emergency Contact _____ Phone # _____ - _____

Relationship of Emergency Contact _____

Medical Insurance _____ Policy # _____
Company Name – (Please attach a photocopy of your Insurance Card – Front & Back)

Church _____ City _____ State _____
(Church attending Super Summer with)

My Contract with Super Summer Oklahoma

As a Super Summer Team Leader, I will attend all required Team Leader Training sessions on Saturday and Sunday before the week I am attending. I will remain on campus until Friday afternoon my camp week. I am a dedicated Christian and sign this contract with Super Summer Oklahoma and the Lord Jesus Christ promising to support and uphold all rules and regulations set forth. I will conduct myself in a Christ-like manner in every way. I desire God to speak to me and to others during Super Summer.

TEAM LEADER SIGNATURE

MEDICAL RELEASE INFORMATION

Date of Last Tetanus Shot _____
Physical limitations (Asthma, Diabetes, Migraine Headaches, Allergies, etc.) _____

Date of Birth _____ Medications I am allergic to: _____

Medical and Surgical Waiver

I, _____, am 18 years of age or older, and have listed physical limitations or medical problems that may need attention. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the staff, sponsors, and personnel of Super Summer Oklahoma, or its representatives, or the school sponsors, or any medical personnel to make such decisions and to perform such medical treatments and/or surgery upon myself which may in their sole discretion be necessary and proper under the circumstances. I do release, acquit, discharge, and covenant to hold harmless the Super Summer Staff personnel, or its representatives, the School sponsors, or Oklahoma Baptist University from any and all actions, damages, liabilities arising out of the treatment of any sickness or accident incurred during the dates between **(circle one) June 2-6 / 9-13 / 16-20, 2008**. I also acknowledge that all financial debts incurred are my responsibility and that the staff, sponsors, and personnel of Super Summer and/or Oklahoma Baptist University are not financially responsible.

Signature of Participant 18 or older _____ Date _____

Address _____ Phone _____ - _____

SUPER SUMMER OKLAHOMA TEAM LEADER INTERVIEW

1. Have you ever served as a Team Leader at Super Summer Oklahoma before? Yes / No If yes, what is the most current year you served and with what church did you attend?

2. Explain in detail why you want to be a Team Leader at Super Summer: _____

3. Use the back of this sheet to describe your salvation experience. Include how God drew you to Himself and how your life has been impacted by knowing Christ.

Church History

Present church membership: _____ City/State: _____

Pastor's Name: _____ How long have you been a member? _____

List other churches where you have been a member?

Church Name: _____ City/State: _____

Church Name: _____ City/State: _____

Church Name: _____ City/State: _____

Describe any work, paid or volunteer, you've done that involved youth or children? _____



AUTHORIZATION FOR TRAK-1 TECHNOLOGY TO ACCESS CONSUMER REPORTS

DISCLOSURE

By signing below, you acknowledge and understand that in connection with your application for employment with [redacted] (including contract for services), consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including but not limited to consumer credit, criminal records, driving history records, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records and others. You further understand that these reports may include experience information along with reasons for termination of past employment. Furthermore, you understand that information from various Federal, State, local and other agencies which contain information about your past activities will be requested. You understand that a consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made. You are hereby notified that you have the right to request a copy, upon proper identification and the payment of any legally permissible fees, of the above investigative background report contained in [redacted] files on you at the time of your request. You are further notified that prior to being denied employment based in whole or in part, on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency and a description in writing of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, you hereby authorize, without reservation, any party or agency contacted by this organization to furnish the above mentioned and requested information. You further authorize ongoing procurement of the above mentioned information, reports and records at any time during your employment or contract. You also agree that a fax or photocopy of this authorization with your signature is accepted as having the same authority as the original. You further authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish [redacted] with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY OF RIGHTS

By signing below, you certify you have read and fully understand this disclosure and authorization, all of the information you are providing is true, complete, correct and accurate, and you acknowledge that you have received the attached summary of your rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).

The following is information required in order for TRAK-1 TECHNOLOGY to obtain a complete consumer report.

 PRINT FULL LEGAL NAME (First, Full Middle Name, Last Name)

 STREET ADDRESS

 CITY STATE ZIP

 SOCIAL SECURITY NUMBER Date of Birth / /

 DRIVER'S LICENSE NUMBER ISSUING STATE

 OTHER OR FORMER NAMES (aka, maiden names, married names, surnames etc.)

 CONSUMER'S SIGNATURE DATE / /

STUDENT REGISTRATION

FOR OFFICE USE

Rm. # _____

School _____

Please print legibly (circle the name you normally go by)

Name _____ Age _____ Circle week attending: **1 - 2 - 3**

Last First Middle

Address _____

Street/Box City State Zip

Telephone _____ - _____ - _____ Cell _____ - _____ - _____ Grade Fall '08 _____

Male _____ Female _____ Have you attended Super Summer before? **Yes / No**T-shirt Size: **Small / Med / Large / XL / Other** _____ If you do not have Med. Ins., check here. **?**

Emergency Contact _____ Phone # _____ - _____ - _____ Relationship _____

Medical Insurance _____ Policy # _____

Company Name – (Please attach a photocopy of your Insurance Card – Front & Back)

Church _____ City _____ State _____

(Church attending Super Summer with)

My Contract with Super Summer Oklahoma

I am a dedicated Christian and sign this contract with Super Summer Oklahoma and the Lord Jesus Christ promising to support and uphold all rules and regulations set forth for Super Summer. I will attend all school sessions, be on time, participate in every activity planned by Super Summer Officials, be in my dorm by curfew each night, and conduct myself in a Christ-like manner in every way. I desire God to speak to me and to others during Super Summer.

STUDENT SIGNATURE

Check Which School You Will Attend:

____ Red School (students entering Grade 8 in Fall 2008) ____ Green School (students entering Grade 12 in Fall 2008)
____ Blue School (students entering Grade 9 in Fall 2008) ____ Silver School (high school graduates in 2008)
____ Orange School (students entering Grade 10 in Fall 2008) ____ Purple School (for students who feel called into vocational
____ Yellow School (for students entering Grade 11 in Fall 2008) Christian service and who have completed Grade 11)

MEDICAL RELEASE INFORMATION

Date of Last Tetanus Shot _____ Physical limitations (Asthma, Diabetes, Migraine Headaches, Allergies, etc...) _____

Date of Birth _____ Medications I am allergic to: _____ - _____

Medical and Surgical Waiver – To be completed by parents or legal guardians of participants under 18 years of age:

I, _____, parent and/or legal guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to go to Super Summer between the dates of **(circle one) June 2-6 / 9-13 / 16-20, 2008**. I further expressly grant my permission for my child to participate in all activities of said camp. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the staff, sponsors, and personnel of Super Summer Oklahoma, or its representatives, or the school sponsors, or any medical personnel to make such decisions and to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. I, _____, do release, acquit, discharge, and covenant to hold harmless the Super Summer Staff personnel, or its representatives, the School sponsors, or Oklahoma Baptist University from any and all actions, damages, liabilities arising out of the treatment of any sickness or accident incurred by my said child during the above dates. I also acknowledge that all financial debts incurred are my responsibility and that the staff, sponsors, and personnel of Super Summer and/or Oklahoma Baptist University are not financially responsible.

Parent/Guardian or Student if 18 _____ Date _____

Address _____ Phone _____ - _____

PURPLE SCHOOL STUDENT RECOMMENDATION

Purple School Students please immediately follow these procedures:

1. Make two copies of this Recommendation and give to your (a) Pastor, (b) Youth Minister, or (c) other Adult Sponsor
2. References must complete and return these forms immediately to you.
3. Attach your two Recommendations to your Student Registration Form.

| | |
|--|---------------------------|
| Student's Name _____ | Reference's Name _____ |
| Birth date ____/____/____ Age _____ Sex ____ | Relation to Student _____ |
| Home Address _____ | Church Name / City _____ |
| City, State, Zip _____ | Reference's Phone _____ |
| Home Phone () _____ | Church Name / City _____ |

Area of Ministry You Feel Called to: _____

The following questions are considered on a scale of -5 to +5 with the positive numbers indicating strengths and the negative numbers indicating weaknesses. A response of 0 indicates no opinion. Please comment only in those areas with which you are familiar.

LEADERSHIP ABILITIES:

| | | | | | | | | | | | |
|---|----|----|----|----|----|---|----|----|----|----|----|
| <u>Demonstrates good leadership abilities</u> | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| <u>Is reliable</u> | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| <u>Is adaptable to most situations</u> | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| <u>Finishes the projects he/she begins</u> | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| <u>Works well with other youth</u> | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |

SPIRITUAL QUALITIES:

| | | | | | | | | | | | |
|--|----|----|----|----|----|---|----|----|----|----|----|
| <u>Demonstrates by his/her life a growing relationship with the Lord</u> | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| <u>Has love and concern for others (Servant's heart)</u> | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| <u>Demonstrates teachable and noncritical attitude</u> | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| <u>Demonstrates aggressive personal evangelism</u> | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| <u>Attendance and involvement in the local church</u> | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |

ATTITUDE:

| | | | | | | | | | | | |
|--|----|----|----|----|----|---|----|----|----|----|----|
| <u>Generally cheerful</u> | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| <u>Has the ability to deal tactfully with others</u> | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| <u>Exercises courtesy and consideration towards others</u> | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| <u>Has a sense of humor</u> | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| <u>Controls his/her temper</u> | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| <u>Has a spirit of cooperation</u> | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| <u>Takes criticism well & acts on it for improvement</u> | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |

I have observed in the lifestyle of this student surrender to God's call for full-time Christian ministry as a vocation.

Reference Signature _____ Date _____

Use the back of this page to include any additional comments you feel would be helpful for us to get to know the student better. If you desire to talk to Office Personnel personally about this individual, please feel free to call Cris Lowery at 405-715-0665 or Teresa Johnston in the Super Summer Office (405) 503-1100.

ROOMMATE PREFERENCE FORM – GIRLS

SUPER SUMMER will seek to assign roommates as desired. However, there is no guarantee that this can be accomplished. The final decision for roommates is up to the Super Summer Office.

PLEASE INDICATE SCHOOL COLOR BESIDE STUDENT’S NAME.

1. _____ 1. _____

2. _____ 2. _____

1. _____ 1. _____

2. _____ 2. _____

1. _____ 1. _____

2. _____ 2. _____

1. _____ 1. _____

2. _____ 2. _____

1. _____ 1. _____

2. _____ 2. _____

1. _____ 1. _____

2. _____ 2. _____

1. _____ 1. _____

2. _____ 2. _____

THIS FORM MUST BE RETURNED WITH THE REGISTRATION FORMS

ROOMMATE PREFERENCE FORM – BOYS

SUPER SUMMER will seek to assign roommates as desired. However, there is no guarantee that this can be accomplished. The final decision for roommates is up to the Super Summer Office.

PLEASE INDICATE SCHOOL COLOR BESIDE STUDENT'S NAME.

1. _____

1. _____

2. _____

2. _____

1. _____

1. _____

2. _____

2. _____

1. _____

1. _____

2. _____

2. _____

1. _____

1. _____

2. _____

2. _____

1. _____

1. _____

2. _____

2. _____

1. _____

1. _____

2. _____

2. _____

1. _____

1. _____

2. _____

2. _____

THIS FORM MUST BE RETURNED WITH THE REGISTRATION FORMS