



# NEWSOME HIGH SCHOOL WOLF CAMP 2017

One Day Camp for Incoming Newsome High School Freshmen

Choose a session: June 5<sup>th</sup> & June 6<sup>th</sup>

8:00 - 8:30 am Drop Off/Check In

8:30 am - 12:00 noon WOLF Camp

at Newsome High School, 16550 Fishhawk Blvd., Lithia, FL 33547

Who can attend: Rising 9<sup>th</sup> graders attending Newsome High School starting in August 2017

Camp Sessions include:

- Freshmen Year Expectations and Experiences – A student led discussion on what to expect in high school. Have all your questions answered and your gain knowledge about the place you will call home for the next four years.
- Summer Reading – English 1 summer reading selection overview
- Computer Access on Campus – understand what you need to know before you get here
- Clubs/Activities and Bright Futures – How to get involved
- Planning out your 4 years – What do you want to know about AP Classes? What are colleges expecting you to accomplish?

*Students must provide own transportation.*

**WOLF CAMP SPONSOR: NEWSOME HIGH SCHOOL PTSA**



Please support our NEWSOME PTSA by purchasing a membership at our check-in.

**CAMP SIZE IS LIMITED! REGISTER TODAY! Return the form below to Newsome High School.**

WOLF CAMP at Newsome High School: Select One: JUNE 5<sup>th</sup>  or JUNE 6<sup>th</sup>

Student Name: \_\_\_\_\_ Current Middle School: \_\_\_\_\_

Student No: \_\_\_\_\_ Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Contact Phone number day of Camp: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

**Return to Newsome:** Drop off or mail: Jennifer Giannone, AVID Coordinator, Newsome High School, 16550 Fishhawk Blvd. Lithia FL 33547

Via Email: [jennifer.giannone@sdhc.k12.fl.us](mailto:jennifer.giannone@sdhc.k12.fl.us) Via Fax: Attn: Jennifer Giannone, WOLF Camp 813-740-4604

I understand there is no transportation for the WOLF Camp and it is my responsibility to arrange for drop off and pick up of my child.

I give permission for \_\_\_\_\_ to participate in the 2017 WOLF Camp Summer Camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents will receive a confirmation email for registration with additional information. Camp Attire: Comfortable recreational clothing, athletic shoes

Questions? Please email Ms. Jennifer Giannone, WOLF Camp Coordinator at [jennifer.giannone@sdhc.k12.fl.us](mailto:jennifer.giannone@sdhc.k12.fl.us)