SWOOP Participant Application Southern Wesleyan Outdoor Orientation Program

Return this application with your \$100 deposit no later than July 1.

Applicant Information					
Name		Birth Date		Sex_	
Street of Box #	City		State	Zip	
	City		State	216	
Cell Phone		Home Phone			
Emorgonsy Contact Inf	iormation				
Emergency Contact Inf	ormation				
Cell Phone		Home Phone			
Street of Box #	City		State	Zip	

The following information gives us an opportunity to find out about you, your goals, interests and personality. Please be as candid, honest, and specific as possible.

1.Do you have any special concerns you would like us to know about? Physical limitations, dietary restrictions, etc.?

)	Why do you want to participate in SWOOP? What would you specifically hope to gain from this experience? (For example - physical, mental, emotional, social, spiritual goals)
	3. How do you respond to challenging situations? (Any examples?)
	4. From what you know of SWOOP already, what do you think you will most enjoy? What will be most challenging?
	Upon receipt of your application, you will receive the following forms that you must submit by August 4: • Medical History • Medical Authorization • Physical Exam • Assumption of Risk Form
	Send your completed application and deposit to: Dr. Roger McKenzie Southern Wesleyan University PO Box 1020 Central, SC 29630
	Note: your \$100 deposit is nonrefundable after July 1 unless you are not accepted into the SWOOP experience. The \$200 balance of your SWOOP fee will be billed to your student account with your fall semester tuition.