



Neekun (Summer) Camp Application 2024

Child's Name: _____ DOB ___/___/___ Male Female

AGE _____

Mailing Address

City _____

State _____

Zip _____

Parent/ Guardian Name _____

Parent/Guardian Cell _____ Home _____ Work _____

Email _____

Applications must be postmarked by June 5, 2024

**Mail to: MWT Education Department, Summer Camp Application
483 Great Neck Rd. S. Mashpee, MA 02649**

Questions? Contact Kitty Hendricks 508-477-0208 Ext.143