



CITY OF
FORESTPARK



Latosha Clemons
Fire Chief EM Director

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Girl's Firefighter Camp Believe 2024 Demographic Information Form

Last Name: _____

First Name: _____

Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

High School: _____

Date of Birth: _____

Driver License # _____

State Issued: _____

Personal Reference #1

Name: _____

Address: _____

Phone: _____

Personal Reference #2

Name: _____

Address: _____

Phone: _____

Emergency Contact Information Emergency Contact Name: _____

Relationship: _____

Girl's Firefighter Camp Believe 2024

Emergency Contact Phone: _____

How did you hear about the Girls Camp Believe?

School Social Media Word of Mouth Other:

In your own words, tell us why you want to participate in the GCB:

Do you have any limitations that would limit the activities in which you can participate at the Camp? Yes No If yes, please explain:

Do you need transportation to the campsite? Yes No

Parent/Guardian Print Name

Student Print Name

Parent/Guardian Signature

Student Signature

Please submit to:

Chief Latosha Clemons

Email: lclemmons@forestparkga.gov

For any questions or concerns please contact Chief Clemons@ 404 731-9202

