

Salkehatchie References Form

For _____ (camper's name)

This form is in accordance with the Salkehatchie Safe Sanctuary policies. A completed form signed by three (3) references must be submitted to the Camp Director no later than the first day of camp. This is required for all campers who are age eighteen (18) or older.

Please mail to: GARY GRAHAM; 2589 NEW HOPE ROAD; POMARIA, SC 29126.

1

Please check the following truthful and accurate statements.

- I have known the above-named person for more than six (6) months.
- I recommend the above-named person to work with youth and adults.
- I personally would be willing to work alongside the above-named person.
- Please accept the above-named person to your camp.

**Camp Director's
Initials**

Signature: _____ Email address: _____

Best phone number: _____ Mailing address: _____

City: _____ State: _____ Zip code: _____

2

Please check the following truthful and accurate statements.

- I have known the above-named person for more than six (6) months.
- I recommend the above-named person to work with youth and adults.
- I personally would be willing to work alongside the above-named person.
- Please accept the above-named person to your camp.

**Camp Director's
Initials**

Signature: _____ Email address: _____

Best phone number: _____ Mailing address: _____

City: _____ State: _____ Zip code: _____

3

Please check the following truthful and accurate statements.

- I have known the above-named person for more than six (6) months.
- I recommend the above-named person to work with youth and adults.
- I personally would be willing to work alongside the above-named person.
- Please accept the above-named person to your camp.

**Camp Director's
Initials**

Signature: _____ Email address: _____

Best phone number: _____ Mailing address: _____

City: _____ State: _____ Zip code: _____