

Our Lady of Prompt Succor

2025 SUMMER FORMATION CAMP (VBS)

Dates: June 2 – 6, 2025
Times: 8:45 AM – 12 PM (may slightly vary)
Place: Our Lady of Prompt Succor (Father Vecchio Hall)
Cost: 30\$ per Camper (Checks payable to OLPS - note 2025 Summer Formation)
Drop at the OLPS Office or Mail to:

2025 Summer Formation
1109 Cypress St.
Sulphur, La. 70663

Qualifications: Grade for Academic Year 2025 – 2026 (**1st, 2nd, 3rd, 4th**)
Or completed **K, 1st, 2nd, 3rd**

*Attendance is limited with priority given to OLPS Campers.

Adult Volunteers: Catholics (post Confirmation 2025 or 18 years or older) in **good standing** AND
completed (before June 2) the Diocese “**Safe Environment**” Certification
(Application attached)

Must Attend: Training/Preparation Day Saturday, **May 31**
9 AM – 2 PM. (Lunch provided)

Student Volunteers: Students (Completed Academic School Year Grade 6) attending CCD
and/or Catholic School (Application attached)

Contact: Lee Richard, DRE
337-304-8792

Application Deadline: **May 19, 2025**

Deadline is important in order to have the supplies needed.

KEEP A Copy or THIS PAGE FOR YOUR INFORMATION.

CAMPER

Please PRINT.
DUE: May 19, 2025

2025 Summer Formation Camp

Primary CONTACT for Parents/Guardians

Name: _____ Relationship _____

Phone: _____

Email: _____

Parish (Home)
Church:

Number of Campers Applying: _____

CAMPER # ____ Information:

Name _____ 2025-2026 School Grade _____

Circle: Girl or Boy SHIRT Size _____

Any Special Needs:

_____ I agree and give permission to OLPS to follow the Internet and Photography Policy with the possible use of pictures/videos on the OLPS Facebook page, highlighting Summer Formation in the bulletin or posters, artwork for campers, etc.

CAMPER # ____ Information:

Name _____ 2025-2026 School Grade _____

Circle: Girl or Boy SHIRT Size _____

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(see back for more)

CAMPER # ____ Information:**(Make a copy of this if you need more)**

Name _____ 2025-2026 School Grade _____

Circle: Girl or Boy SHIRT Size _____

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Student Volunteer

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Student Volunteer

Name: _____

Phone: _____ 2025-2026 School Grade _____

Parish (Home)
Church:

Church or Catholic School where you attended CCD: _____

Primary CONTACT for Parents/Guardians

Name: _____ Relationship _____

Phone: _____

Email: _____

Adult Volunteer

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Adult Volunteer

Name: _____ Phone: _____

Email: _____

Parish (Home)
Church:

_____ Attach a copy of “Safe Environment” Certification

List Children, if they are attending _____
