**MISSION**

“Camp Thunderbird aims to empower the Native American youth of South Dakota through outdoor and extracurricular educational experiences that emphasize leadership, teamwork, and goal-setting skills and provide a nurturing space for campers to gain self-confidence, make new friends, and explore the natural world.”

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**FOR MORE INFORMATION CONTACT**

**CAMP THUNDERBIRD SOUTH DAKOTA AT THE ADDRESSES/NUMBERS LISTED BELOW.**

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**LEARN.LEAD.SUCCEED.**

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**CAMP THUNDERBIRD SOUTH DAKOTA**

c/o Hannah Kinmonth-Schultz
715 24th Avenue
Unit 104
Seattle, WA 98122

E-mail: campthunderbirdsd@gmail.com
Phone: 605-828-0085

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Camp Thunderbird South Dakota is a 501(c)(3) non-profit organization serving youth from the Rosebud Indian Reservation.
Enjoy a week at camp this summer! Campers will enjoy many activities, including: hiking, camping, fire building, rock climbing, a college tour, a visit to Wind Cave, and much more! Camp starts with 3 days of day camp at He Dog School and ends with a 3 day over-night trip camp to the Black Hills. Some sites campers have visited in the past include Harney Peak, Wind Cave, and the School of Mines in Rapid City.

REGISTRATION FORM

Campers are asked to complete and essay on why they want to attend Camp Thunderbird SD.

Give completed form and essay to your teacher or school office.

Camper Information:
Camper Name:
First ________________ Last ________________
Camper Home Address:
Street
Address________________________________
Town ___________________________________
State _______ Zip ________________________
Phone __________________________________
E-mail __________________________________
Birthdate __________________ Age ________
Sex _______ 2012-2013 Grade Level_________
Parent/Guardian Name
_______________________________________
School __________________________________
Town of School ___________________________
Special Needs:
_______________________________________
_______________________________________
Comments:
_______________________________________
_______________________________________
CTSD OFFICE USE ONLY:
DATE RECEIVED __________________
CTSD INITIALS ______________