The Career Exposure Camp

August 10th - August 14th 2026

Registration Form

The Career Exposure Camp participants will enter 6th, 7th, 8th or 9th grade in school Fall 2026.

Name: _____ Age: _____ Grade in Fall 2026: _____

Address: _____

City, State, Zip: _____ Home Phone: _____

School: _____

Parent/Guardian Name: _____

Parent/Guardian Address (if different): _____

Parent/Guardian Email (required field for confirmation email): _____

Emergency Contact Name: _____

Relationship to Applicant: _____ Emergency Contact Phone: _____

List any special medical needs, dietary requirements, or allergies:

_____

The Career Exposure Camp's mission is to empower youth through the exposure of professional careers while promoting academic excellence, leadership and service. **The Career Exposure Camp, inc. attendance is limited to 10 students. Preference is given to students who reside in Ward 7 and Ward 8, but all are welcome to apply**.
Submission of registration form is not a guarantee of acceptance into the camp.

Please circle all of the following that describes the applicant. (For statistical purposes only.)

Male	US Citizen	African American	Caucasian	Hispanic
Female	Asian	Other _____		

I certify the above statements are accurate to the best of my knowledge:

SIGNATURE OF APPLICANT: _____

Date: _____

SIGNATURE OF PARENT/GUARDIAN: _____

Date: _____

PLEASE RETURN THIS FORM and completed Parent's Orientation Packet BY August 9th, 2026 in person or via email:
2026 Career Exposure Camp
Attention: Bernard Suber
DC Dream Center
2826 Q Street SE
Washington DC 20020
Telephone: 215-868-4554 Email: eotrcareercamp@gmail.com

Note: A completed Parent's Orientation Packet along with this registration form is required to attend the camp.

How did you hear about the Summer Camp?

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